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JOURNAL  
OF  
PRACTICAL MEDICINE AND SURGERY

FOR THE USE OF MEDICAL PRACTITIONERS

VOLUME THE THIRTIETH

(SECOND SERIES)

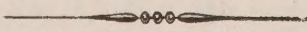
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ENGLISH EDITION

TRANSLATED UNDER THE DIRECTION OF THE CHIEF EDITOR

By D. Mc CARTHY, M. D. and A. SPIERS, Ph. D.

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# JOURNAL

OF

## PRACTICAL MEDICINE AND SURGERY.

FOR THE USE OF MEDICAL PRACTITIONERS.

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### INTRODUCTION.

Since the original appearance of the present periodical, in 1830, it has been customary for the Editor to begin each new year with a familiar address to the reader, a time-honoured practice which he has much pleasure in continuing. In this Introduction, the principal scientific occurrences of the past year are enumerated, the advances made in medical knowledge are pointed out, and likewise disappointed expectations and realizable hopes. The Editor seizes this opportunity to indicate the tendencies of the day, and to direct towards the questions of most general import to the profession, the attention of practitioners dispersed over distant lands, who are thus as it were brought together by the common perusal of a periodical enjoying in its French edition, as in its translations into foreign languages, the advantage of a most extensive circulation.

If the year 1858 has brought forth no medical discovery bearing the impress of genius, it has not been unfruitful in ingenious applications of new methods or of procedures rescued from undeserved oblivion. Mechanical or digital compression substituted for ligature in the treatment of aneurism, linear crushing, draining of abscesses, cauterization with arrow-shaped needles, etc., testify to the increasing distaste of the boldest surgeons for the use of sharp instruments. To avoid effusion of blood, and to replace, when practicable, the knife by crushing or mortification, such is the spirit of modern surgical tendencies which we follow in their development with equal curiosity and interest. The probing of the larynx and the tubing of the glottis, which recently gave rise to a highly animated discussion in the Academy of Medicine at Paris, are further symptoms of this reaction against the supremacy of the knife. We have, however, carefully guarded against being led away to the extreme opposite to that which we deem it desirable to avoid. At the same time that we gladly welcome new ideas, we accept them, not without reserve, and we defend from unjust criticism what we consider valuable in the conquests of past ages. It is thus we understand eclecticism in a work, the sole object of which is to aid the medical practitioner. The present publication must preserve absolute independence: it is wedded

to no system, and still less is it devoted to the exaltation of any one individual. Our object, above all, is to lay facts before the readers in their practical sense, disentangling them at the same time, from the occasionally one-sided interpretation of observers, and we sometimes allow the merit of men to merge in our desire to throw into greater relief the importance of things.

The constant favour which this impartiality has met with for thirty years, in the eyes of our readers, is a sufficient proof that we are in the right path, and the uninterrupted annual increase of the circulation of the *Journal of Practical Medicine and Surgery*, not in France only, but in other countries, argues increasing approbation for our endeavors, and gives us new assurance that in order to answer the expectations of the Medical Public this journal has but to persevere in the line traced out by its founder.

The plan of the journal will this year be carried out as heretofore; after presenting to view the questions which chiefly engage public attention in France, we shall collect from the clinical wards of the masters of science, the matter of those animated articles which may be looked upon as photographs of the hospitals of Paris. We shall this year bestow special attention upon the diseases of infancy, and investigate carefully whatever may serve to enlighten the nature and treatment of croup. We shall carefully watch the progress of cauterization, the uses of Faraday's electricity, and its favourable influence in certain forms of deafness. A series of articles will appear on diseases of the eyes, obstetrics, venereal disorders, and on the practical applications of the microscope. The learned societies, the French and foreign publications and periodicals, which our daily increasing connexion place at our disposal, will yield us a host of facts which will leave us but the difficulty of choosing those most interesting to the great majority of our readers.

The thirtieth volume of the *Journal of Practical Medicine and Surgery* will not therefore be inferior in interest to its predecessors; the abundance of its matter will entitle it to a place in that vast accumulation of medical and surgical observations, which Lucas-Championnière, animated by the desire to be useful, has placed within the reach of the humblest practitioner, as also, from its intrinsic value, it has found its way into the library of the most illustrious Professors of Medical science.

H. CHAILLOU.

*Chief Editor.*

Paris, January 1859.



## ART. 5584.

*Academy of Medicine. Discussion on the tubing of the glottis and tracheotomy.—Deafness; Faraday's electrization of the ear.—Encysted tumours of the scalp destroyed by cauterization.*

The Academy of Medicine has not yet expressed by a vote its opinion on Dr. Bouchut's communication. But the discussion which ensued is however brought to a close, and it is unlikely that Dr. Malgaigne, prevented from speaking by laryngitis, will succeed in reanimating a debate, henceforth without a purpose. Our readers will find, at the Article *Learned Societies*, the speech of the witty antagonist of tracheotomy, and likewise Professor Trousseau's reply, which contains two distinct parts : the former, intended to deal a fatal blow to Dr. Bouchut's process; the latter, to defend tracheotomy from imprudent attacks, and to describe the slow and progressive improvements, which, from an operation almost constantly fatal, have rendered it a therapeutical method important by its comparative success.

Tubing the glottis was received by us without enthusiasm, but with that sympathy which every new idea, that proceeds from a generous thought, must invariably command. This method, still in embryo, must await from time the practical applications and improvements of which it may be susceptible, and its ultimate sanction or invalidation. At present we have no reason to consider it dangerous; and on this subject we will observe that the experiments, the results of which have been invoked against it by Professor Trousseau, are, in our estimation, very inconclusive.

To prove that a solid tube, remaining in the larynx beyond forty-eight hours, must produce serious lesions, the eminent reporter of the committee submitted to the appreciation of the Academy a certain number of dogs' larynxes on which protracted tubing had been performed at the Veterinary School of Alfort. This melancholy exhibition of



mucous and fibrous tissues, ulcerated and mortified, made a deep impression on the learned society. But none of its members appear to have inquired how such experiments are made, whether it is perfectly logical to see in their result the condemnation of tubing without appeal. Now tubing, it must be acknowledged, is extremely difficult in dogs; and the conditions, in which it is performed, are so different from those of the operation in the child affected with croup, that no important conclusion can conscientiously be deduced from it. The conformation of the larynx of dogs is not the same as that of man : the ventricles are shallow and oblique relatively to the axis of the organ; a canula cannot remain permanently fixed in its cavity unless it is larger than the larynx. The consequence of this is that violence is necessary to insert the instrument, which must be screwed in with the assistance of iron rods. In a word, it is the wedge applied to the larynx. Further, the animals cannot be left at liberty. To operate on them they must be nearly suffocated by pressure and also be muzzled; their paws must be tied down, and they must be left without eating and drinking during the whole time of the experimentation, an abstinence which in itself promotes ulceration. How then can this forced tubing be compared with the innocuous introduction of a light and even softened ivory ring, which a double and blunt rim sufficiently secures between the vocal chords of the child's larynx?

At all events, the Academy appeared sufficiently enlightened on the subject, and Dr. Trousseau, no longer having any serious adversary before him, resumed the history of the improvements gradually introduced into the direction of the after-treatment of tracheotomy, and likewise in the performance of the operation. This part of the learned reporter's speech was treated in a masterly manner and so as to leave no shadow of doubt on the mind. But, admitting even that up to the present time this operation is the greatest of the triumphs achieved in the treatment of croup, the fondest partisan of tracheotomy cannot deny that it pays tribute too largely to the general consequences of operations with the knife. Independently of hemorrhage, of fatal syncope, and other accidents pertaining to operations which the most practiced surgeons seldom perform,



tracheotomy in croup is a matter grave in itself. "It is an error," said Dr. Barthez lately before the Medical Society of the Hospitals, "to compare this operation with tracheotomy performed for the purpose of extracting foreign bodies from the respiratory organs. The blister, innocuous in a child in good health, becomes a cause of death in one affected with diphtheria, and, for that reason, Dr. Trousseau proscribes it from the medical treatment of croup." The same remark applies to the wound consequent upon opening the trachea; it is so quickly covered with false membranes that Dr. Trousseau lays it down as a precept, that care must be taken to modify its surface by cauterization. And yet, notwithstanding this precaution, malignant tumefaction too often owes its origin to this wound. Few practitioners but have witnessed with deep sorrow children, of whose recovery the greatest hope was entertained for several days, perish from the consequences of an operation which had wrested them from nearly certain death. It is for this reason that, notwithstanding our admiration for the splendid services rendered to the therapeutics of croup by Dr. Trousseau, and without wishing here to allow the prey to escape for something which might be but a shadow, we do not consider tracheotomy as the last resource of science in the still obscure question of laryngeal diphtheria.

For this reason too we were desirous that in this imposing discussion, the mechanical treatment of croup should not exclusively occupy the attention of the Academy. If it is glorious to interfere with utility in the last stage of this disease by surgical means, it would be still more meritorious to obviate the necessity for chirurgical measures, by a rational medical treatment. Unfortunately, Professor Trousseau, so positive, so eloquent, so convincing in all concerning tracheotomy, appeared terribly sceptical relatively to the treatment of croupal diphtheria. In his exclusive preoccupation for the success of tracheotomy, Dr. Trousseau was carried away by his subject so far as to consider all preliminary medication rather injurious than beneficial, inasmuch as tracheotomy succeeds better in subjects, who have not undergone any previous treatment whatever. That is, we must avow, a

very sad confession; and when we saw Dr. Bouillaud stand up to speak, we indulged the hope that the illustrious professor of La Charité was about to rise to superior considerations, and examine croup in a medical point of view. We were doomed to disappointment in this our expectation. Dr. Bouillaud confined himself to stating his opinion that croup was a phlegmasia, and that it should be treated by reiterated blood-letting at short intervals; substituting however cupping with scarification for leeching, the deplorable effects of which in such cases need not be expatiated on. We are therefore reduced to the wish that croup may again become the object of profound, incessant study, and that every one in his sphere of observation may earnestly seek to ascertain whether there is nothing better to be done than to treat merely for conscience sake, an affection for which Professor Trousseau would seem to declare there is no really efficacious remedy but tracheotomy.

—About eight years since, Dr. Duchenne, of Boulogne, investigating, by means of Faraday's electrization localized, the physiological properties of the chorda tympani, first made some experiments on himself; and, after having ascertained their innocuousness, he repeated them on some deaf persons, with the double object of attempting to cure them and at the same time of deriving from the research some scientific advantage. This gentleman had thought that a deep electrization of the ear may be beneficial in the treatment of nervous deafness, although he was not then acquainted with the mode of its physiological action. His previsions have been justified, and subsequent researches having confirmed the first results obtained, Dr. Duchenne has now arrived at establishing as a demonstrated fact:

That very often acquired deafness is cured by the electrization of the chorda tympani and of the motor muscles of the ossicula auditûs; and that probably the therapeutic action of the process of Faraday's electrization employed in this circumstance is principally due to the undulations of the liquor Cotunnii, produced by the agitation of the concatenated ossicula, and consequently of the fenestra ovalis.



The process of Faraday's electrization is of very simple application. The patient's head being inclined so as to place the external auditory duct in a perpendicular direction, a quantity of water sufficient to fill the first half is injected into its cavity, and a metallic wire is plunged into this liquid, avoiding to bring it into contact with the membrana tympani or with the walls of the auditory duct. This contact, in fact, occasions acute pain at the moment

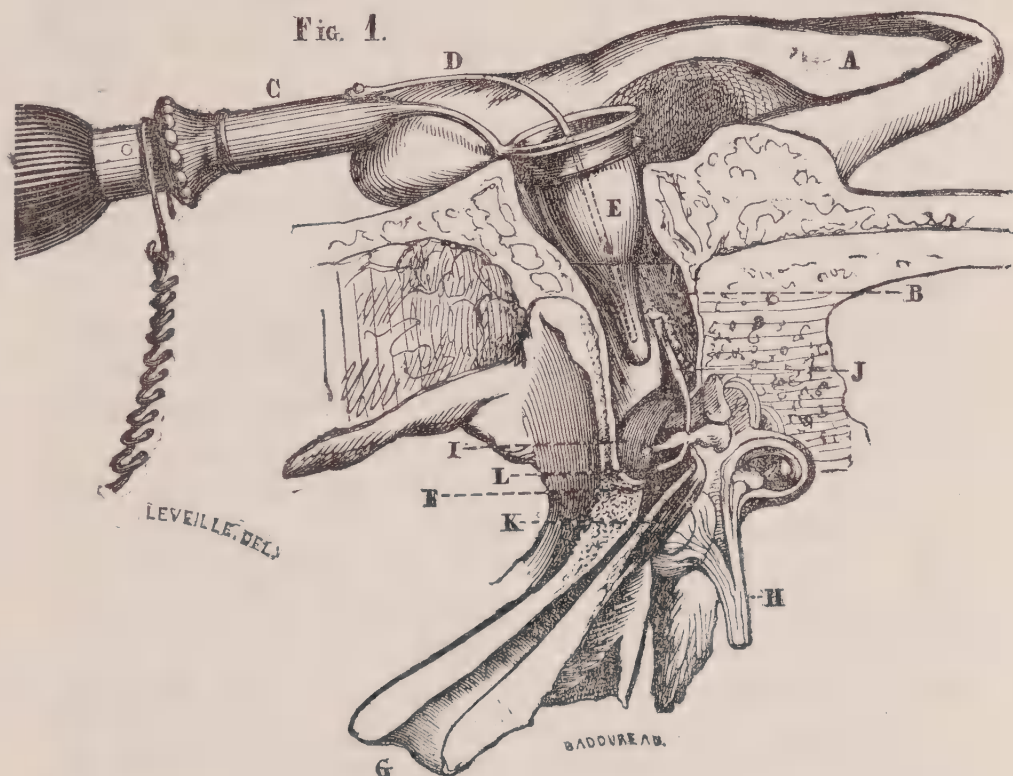


Fig. 1. — A. The pinna of the ear. B. The meatus auditorius, in which is inserted the auricular conductor C. D. Wire of the conductor, insulated by the ivory tube E, bathing in the fluid by which the meatus is half filled. F. tympanum, containing the ossicula. G. Eustachian tube. H. The internal ear, or labyrinth, with the canals exposed, showing the auditory nerve and its divisions. I. Inferior half of the membrana tympani, attached to the manubrium mallei. J. Laxator tympani. K. Tensor tympani. L. Tendon of the laxator tympani.

of the passage of the current. And, in order not to render the patient liable to it, Mr. Duchenne had made an auricular conductor in which the metallic wire is insulated by an ivory covering, the extremity of which does not reach

the membrane of the tympanum. After having waited till the sort of buzzing, caused by the impression of the liquid on this membrane has ceased, the auricular conductor is connected with one of the wires of an inductive apparatus; and the circuit is closed by placing on the mastoid apophysis the other moist conductor, which itself communicates with the second wire of the apparatus. The inductive electrical generator used on this occasion, is appropriated to the delicacy of the organ acted on, i. e. the minimum of its power must be scarcely appreciable, when the metallic wires are applied to the extremity of the tongue, and it must be susceptible of precise graduation on a scale of great extent.

The cases, in which Dr. Duchenne has successfully tried his process of electrization of the ear, may be ranged under the class of deafness denominated nervous, i. e. that, which during life, presents no apparent sign of organic lesion. Mr. Duchenne has just forwarded us a paper, which shows that these cases are now somewhat numerous, and, among those recorded in this interesting communication, we shall particularly quote one, the subject of which is a type of hysteric deafness :

A young girl, reduced to extreme debility in consequence of typhoid fever, was admitted into the hospital of La Charité, Paris, in Dr. Briquet's wards, being affected with hysteria. By palpation, pinching and electrical exploration, a cutaneous and muscular anæsthesia of all the left side, was ascertained to exist and also a degree of weakness so great as to render walking difficult and considerably to impede the use of the upper extremities. When the patient held anything in her hand without looking at it, it fell to the ground. The organs of sense were likewise affected on the left side; sight was much weakened; olfaction, taste and hearing were annulled. The mucous membranes of the tongue, nostrils and eyes were completely insensible, and likewise the skin of the pinna and of the external auditory duct. In the organ of hearing, buzzing in the ears, the ringing of bells and harsh hissing deprived the poor girl of all sleep. Dr. Briquet requested Dr. Duchenne to try in this case the therapeutic action of the various modes of electric stimulation. In



three operations renewed each day the electro-cutaneous excitement restored common sensation to the trunk and limbs. One effect of this excitement was to restore the catamenial discharge, which had been previously suppressed for several months. It was sufficient to pass one of these metallic conductors over the mucous membranes of the nose and tongue to bring back, together with common sensation, olfaction and taste. Mr. Duchenne then restored the cutaneous irritability of the pinna and of the external auditory duct, but without any modification of the functional state of the organ of hearing. The patient, being then placed in the aforementioned position and all the precautions we have enumerated in describing the process of Faraday's electrization of the ear, having been taken, Mr. Duchenne applied the current of his apparatus with ten intermittences at an interval of half a second from each other. The current, at first extremely weak, was gradually increased in power until it produced a disagreeable sensation in the furthest part of the auditory duct, but without occasioning any pain. Immediately after the operation, the patient distinguished at a distance the ticking of a watch, a noise she could not previously perceive, even when the watch was applied to the ear; she heard the voice on the left as well as the right side. This cure however was but temporary and it was deemed expedient to repeat the operation on the morrow. This time the cure was permanent, and although since, the patient has again lost cutaneous sensibility and muscular strength, she experienced no further disturbance in her hearing, and some months after was discharged from the hospital perfectly cured of her deafness.

Before he resorted to Faraday's deep electrization of the ear, Dr. Duchenne succeeded a certain number of times in happily modifying these cases of deafness by peripheric excitement applied to the skin of the pinna, or of the external auditory duct, and even of regions more or less distant from the ear. If the affection is persistent, he acts on the motor muscles of the ossicula and of the chorda tympani. This skilful practitioner asserts that hysterical deafness thus treated is cured eight times out of ten.

Another species of deafness, which at times has seem-

ed to be incurable, does not resist the action of Faraday's deep electrization; it is deafness caused by sulphate of quinine. But of all varieties of that infirmity, that in which Faraday's electrization is really of invaluable therapeutic worth by reason of the duration and stubbornness of the disease, is the deafness consequent on eruptive fevers. Mr. Duchenne reports three cases of this kind, in which the deafness of both ears had been of sixteen, nine, and twenty years' standing, and had resisted injections into the Eustachian tube, blisters and perforation of the membrane of the tympanum. In the first case, Faraday's electrization restored hearing in thirteen operations with an interval of one day's repose; in the second case, Mr. Duchenne persevered till the twentieth sitting, when the cure was complete; in the third, after the same number of sittings, the same result was obtained, but on the left side only. The departure of the patient prevented a continuation of the treatment for the right ear.

Mr. Duchenne concludes his paper by referring to a case of complete congenital deafness and dumbness, almost but not entirely, cured by Faraday's electrization of the ossicula and of the chorda tympani. Mr. Wild, of Dublin, who, in this matter, is but the echo of public opinion, says on the subject of congenital deafness and dumbness: "We hear it every day asked if a deaf and dumb person is curable! To this grave question I do not hesitate to reply in the negative. I even venture to affirm that a deaf and dumb person has never been made to hear, unless indeed by a miracle." Now Mr. Duchenne has, to a certain extent, performed this miracle on a child of eight years of age, of the name of Raymond. The fourth time Faraday's electrization was applied, the child distinguished the sound of a diapason. After the seventh sitting, his mother calling some one aloud, Raymond turned round quickly and uttered a sound in the same tone as the last consonance of the word, which had just been uttered. He did not hear with both ears till about the twelfth sitting. His intellect and his temper then underwent a most interesting transformation. He had before been intractable, and he now became docile; he learned to pronounce the vowels, then the words *papa*, *mamma*

and *bonbon*. After twenty sittings, the treatment was suspended. The following year, thirty new sittings took place with continued improvement. In 1858, two years after the first electrization, the child read fluently and pronounced distinctly, but with some precipitation. A third series of thirty sittings further improved his hearing. Raymond is now in a state of half deafness; but the treatment is not yet finished, and it is not impossible that, by performing deep electrization at shorter intervals, Dr. Duchenne may obtain more complete results.

— At a time at which cauterization is extending its empire and is taking from the bistoury what it had formerly yielded, it is not uninteresting to see how encysted tumours of the scalp are treated in some of our hospitals.

Few diseases have so much exercised the minds of surgeons. Actual cautery, the seton, partial excision with the razor or bistoury, division of the cyst after perforation, different chemical agents, have been in turn proposed for the destruction of these tumours, which, as Cooper has said, are but enlarged follicles, developed to excess in consequence of the obliteration of their neck. The most expeditious process, that which appears preferable to all those in which the bistoury has been resorted to, is the spitting of the tumour performed, but a short time since, by Dr. Jobert de Lamballe. A pointed bistoury, plunged into the growth, divides the latter in two, from the basis to the summit; the enucleation of the two halves is afterwards accomplished with extreme facility. A plain dressing and slight compression suffice for the rapid cure of the wound, which leaves but a linear scar. This *modus operandi* is not more free from disadvantage than other processes of excision with the bistoury, and for this important reason Mr. Jobert has returned to the old method of cauterization.

Cauterization, in reality, is not, as certain quacks have pretended, a new means of destroying wens without any operation of the knife. Chopart's excellent treatise on this subject is known to all as well as the comparative experiments made by this author on the action of the various caustics.



In the last century, Ténon, having gone on a visit for some time to the Marquis de Turgot's, relieved several persons there from these cysts, by touching with a straw, steeped in nitric acid, the central point of the tumour. Ténon had seen this process employed by an itinerant practitioner, and, as a judicious observer, he had remarked that the patients recovered without erysipelas, a common accident, which it was sought to avoid by abstaining from the bistoury. But, however, notwithstanding the success obtained by caustics, the knife was resumed and, in an article published in 1836, on wens in the *Dictionnaire de médecine et de chirurgie pratiques*, Blandin does not even mention cauterization. Blandin handled the bistoury with admirable dexterity; but, had he not prematurely died, he would have renounced it in the treatment of wens, for, at the end of his career, he one day extirpated a very small cyst from the scalp in a woman of 25 years of age; it was so trifling that the operation was performed in his consultation-room. The next day the wound became painful, erysipelas set in, and on the fifth day the patient died.

If caustics were relinquished for so long a time, although Dupuytren acknowledged their advantages, it is because caustic potash and mineral acids were not easy of application or constant in their action. In using them, it was necessary, as Boyer says, to apprise patients that the cicatrix would be extensive and deformed. But this is no longer the case. With Vienna paste, soft or solidified, the eschar can be mathematically circumscribed and a cicatrix obtained, which is almost imperceptible. Mr. Guer-sant, a very short time ago, destroyed in this manner a small wen in a child eight years of age. He took a piece of adhesive plaster in which he cut a hole in the shape of a myrtle-leaf, representing in extent half the eschar he wished to obtain; the plaster was applied to the tumour and covered over with Vienna paste. At the end of five minutes, the caustic was removed with a spatula; the skin, which remained bare, was washed, and, on the eighth day, the cyst fell off with the eschar.

Dr. Robert recently related, in one of his conferences, that he had removed wens by that method a hundred times;

his process is the same as Dr. Guersant's. That very day, a woman thus operated on in his wards, brought her tumour, which united with the eschar and reduced to very inconsiderable proportions, resembled a flat-headed nail. On the fifth day, the eschar still adhered to the wen, but its edges became inflamed and the elimination took place, leaving a bleeding wound which healed in three days. "The eschar," says Dr. Robert, "must be left exposed to the air, patients must walk, attend to their ordinary avocations, without resorting to poultices or emollients; they need entertain no apprehension of erysipelas or any serious accident whatever." This skilful surgeon has cauterized wens as large as walnuts or apricots; he has removed as many as twelve in the same person. "The question, in this case," says he, "being complicated neither by the number nor the size of the tumours."

Professor Jobert has also renounced the knife in favour of cauterization in the treatment of wens, and his destructive process is even more simple than that we have just described; this surgeon merely paints the tumour over with Vienna paste, in a slightly liquid state. He recommends that the powder employed in this case should be fresh, a precaution without which the paste is impregnated with the moisture of the air and acts less quickly. We saw two months since Mr. Jobert cauterize, in a carpenter forty-nine years old, four wens, three of which were melicerous, and the fourth atheromatous, of eight years' standing. One of these growths was fluctuant and threatened to burst. All four were covered with a thin layer of caustic, which was allowed to remain on for seven minutes and a half. The patient was taken back to his bed and, after two hours' repose, he went out bare-headed. The fluctuant tumour became hard and parchment-like, and, instead of coming out, its contents became coagulated. Subsequently the eschar fell off and naught remained but unimportant scars.

Finally, wens may be removed by perforating cauterization. Dr. Alphonse Amussat, who has long used caustics with great dexterity, has destroyed a great number of these tumours by cauterization applied in the following manner :

Taking a stick of Filhos caustic of the size of a piece of solid nitrate of silver and sharply pointed, he perforates the tumour in the middle and upper part, by communicating to the caustic a rotatory motion. The cyst being opened, the matter it contains is forced out, and the internal surface of the sac is cauterized with the blunt end of the same stick of caustic. When this is done, a small quantity of the paste of chloride of zinc, in equal parts, is introduced into the cyst and is left there from two to six hours, according to the degree of thickness of the parietes of the latter ; the paste is then removed and the tumour is left exposed to the air until its complete cicatrization.

This process, which appears to be less simple than the preceding, has, according to its author, the advantage of cauterizing and of destroying cysts of long standing; in addition to which it transforms them into an imputrescible eschar, which falls off while reparation is being performed and the falling off leaves after it but a small sore, soon replaced by an insignificant cicatrix.

## ART. 5585.

## OPHTHALMOLOGY.

(Dr. Desmarres' Dispensary.)

*Specks on the cornea : nephelion , albugo, leucoma, metallic spots.*

All superficial opacities of the cornea, with the exception of those resulting from the deposition of insoluble saline preparations contained in injudiciously prescribed collyria, are consequent upon acute or chronic keratitis. They follow suppuration or ulceration, and like these results of phlogosis, are in many instances connected with a morbid state of the constitution which accounts for their stubbornness and for their too frequent incurability.

The division of specks on the cornea into superficial, intermediate and deep-seated, or to give them their tech-



nical appellations, *nephelion*, *albugo* and *leucoma*, is universally admitted; not so their classification into the acute and chronic forms, which is rejected by many, and among others by Professor Jobert de Lamballe. Dr. Desmarres is however of opinion that it is impossible not to take into account the modifications incurred in course of time by opacities of the cornea. The prognosis indeed is different according as they are recent or of long duration. They are, in the first instance, the seat of a local action, which may possibly cause their gradual decrease and ultimate absorption; in the latter, they are to use the expression of Professor Riberi, *cold products*, inert and irremovable substances, against which the resources of therapeutics are powerless.

The age of the subject is an important consideration with regard to prognosis. In children under twelve, superficial and intermediate opacities, and occasionally, simple leucoma disappear by spontaneous absorption. Beyond that age, the speck even when consisting in the merest cloudiness, or *nephelion*, indefinitely persists, if absorption has not removed it shortly after its first appearance. All that can be expected in the case of *albugo* occurring in the adult, is a decrease of the edges of the spot, a circumstance which permits the surgeon at a future day to perform with advantage to the patient, the operation for artificial pupil. As to leucoma, whether it be simple, or complicated by adhesions to the iris, it is never removed by absorption unless in children of very tender age, and even then instances of cure are far from common.

These three forms of opacity have upon the eye and consequently upon vision, effects which are common to them all. If the spot is large and situated in front of the pupil, it interferes with sight, and may even cause blindness. If a part only of the field of vision is obscured, the corneal speck occasions short-sightedness, strabismus, and sometimes congestion of the choroid membrane with symptomatic conjunctivitis, a condition which gradually induces amaurosis from compression of the retina, in persons who are compelled by their professional avocations to excessive use of the eyes.

For the shortness of sight alluded to in these cases, Mr. Desmarres recommends weak concave glasses, but in order to avert the perils of congestion of the choroïd, the eye must be spared any overexertion, and if necessary, the patient must change the nature of his occupation.

As to the local treatment of the spots, some of them at least, are amenable to surgery. The chief indication is to promote absorption, and this is done for those opacities which are accessible by astringents and discutients, but these remedies should not be applied before the complete removal of the keratitis to which they owe their origin. For instance, a child applied at the Dispensary for the treatment of a nephelion arising from unsubdued pustular keratitis; neglecting the nephelion, Mr. Desmarres prescribed fomentations with tepid lettuce-water, and at night cold ground-rice poultices upon the eye-lids; alterative powders (magnesia, calomel and rhubarb, of each 4 gr., divided into six powders, one to be taken night and morning); he further recommended the child to be kept in a warm and darkened room, in short he directed his undivided attention to the treatment of the inflammation of the cornea, with the intention, at a future day, to cope, if necessary, with the nephelion. A young girl of a lymphatic constitution affected with pustular keratitis, ulcers, and nephelion on the left eye, in which radiated blood-vessels merged in a pustule, was treated by Dr. Desmarres in a similar manner, with the addition of cauterization, one tumbler-full of Seidlitz water for three successive mornings, saline foot-baths twice daily, etc. On another occasion, Mr. Desmarres was consulted by a young man suffering from traumatic inflammation of the cornea, with a speck occupying the centre of the membrane. He prescribed cupping, to an extent equivalent to ten leeches, an aperient, evaporating fomentations, and one pill night and morning of calomel and belladonna (calomel, belladonna, of each 4 gr. syrup Q. S. for six pills); etc.

When the inflammation is subdued, Mr. Desmarres has recourse to discutients, in the use of which he recommends much reserve. The pomades known under the names of the Regent, Desault, the widow Farnier,



Duchess de Montebello (1), may be used. He more generally prescribes the following ointments :

1. Hydrarg. binoxidi. . . . . 1 to 2 gr.  
Butyri recentis eluti. . . . .  $\frac{1}{2}$  dr.

Triturate on a marble slab, and apply every second or third night the size of a pin's head to the margin of the eye-lids.

2. Potassii iodid. . . . . 5 gr.  
Aquaë. . . . . Q. S.  
Adipis. . . . .  $\frac{1}{2}$  dr.

*F. S. A.* To be applied every night, in the same manner as the above.

In addition to the collyrium with diluted laudanum (laudan. liq. Syden. and aq. destill. of each  $\frac{1}{2}$  dr.) a drop of which is every day introduced between the lids, Mr. Desmarres sometimes prescribes a collyrium containing one per cent of iodide of potassium ; but we consider this remedy as more calculated to work upon the imagination, than to act in any efficient manner, upon the physical elements of the disease. It may however be resorted to with all propriety in lymphatic subjects, whilst cod liver oil, a most useful medicine, is exhibited internally, or the syrup of iodide of iron in 2  $\frac{1}{2}$  dr. doses, morning and evening.

With regard to diluted hydrocyanic acid recommended for these opacities by Dr. Turnbull, of London, Mr. Desmarres has not found it possessed of the advantages ascribed to it. The same may be said of the dry collyria extolled by Boerhaave and Dupuytren, and still used by very distinguished practitioners. Powders blown into the eyes, are endowed with no specific properties ; they merely act as foreign bodies, and increase the power of the absorbents ; indeed all inert pulverized substances, and even the daily irritation of the conjunctiva with a feather will produce analogous results.

Such is the most simple mode of treatment of recent superficial and even intermediate spots. In albugo, how-

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(1) All these various prescriptions chiefly consist in ointments with the red precipitate and oxide of zinc in different proportions.

ever, it may be beneficial to divide or to obliterate by superficial cauterization the vascular cluster which, in some cases, keeps up effusion around the opacity.

Excision of the opaque spot, followed by suture and abrasion, have also been recommended for albugo. The former operation, performed by Dieffenbach, has been considered in France too hazardous and the illustrious Berlin surgeon has found in this country no imitators. It has not been so with abrasion : this process, condemned by Scarpa, Saint-Yves, Demours and many others, had been entirely abandoned, when Mr. Malgaigne, in 1846, revived it with success, in the case of a young girl affected with albugo consequent upon a traumatic injury of the eye. Although the patient recovered, Mr. Desmarres is of opinion that as the spot was surrounded by a broad margin in which the cornea had remained translucent, the operation for artificial pupil would perhaps have been more prudent. We this year witnessed in Mr. Jobert's wards a case in which abrasion proved entirely successful. The patient, a young woman, had, it is true, but a very superficial speck on the cornea, Mr. Jobert never performing the operation in cases of albugo or leucoma. Mr. Desmarres is of opinion that abrasion is justifiable only when the eyes are quite impervious to light, and therefore in cases having resisted all modes of treatment, and in which the operation for artificial pupil would be improper.

This rule is however not applicable to one particular variety of speck on the cornea, viz, the metallic opacity, due to the deposition of meconates of zinc or lead consequent upon the injudicious use of collyria containing laudanum and a preparation of one of the above minerals, in cases of ulcerous keratitis. An insoluble meconate settles in the ulcer of the cornea, and this sediment being promptly protected by a false membrane, can be removed by abrasion only. The eye being properly fixed in its position with hooks or a forceps, the foreign substance is cautiously liberated from the false membrane with a sharp and slender scraper.

After the operation, cold fomentations should be continued until the cessation of all redness and pain.



We mentioned scarification of the blood-vessels which run towards the opacity. Scarifications have also been recommended upon the cornea, for the purpose of allowing the escape of the interlaminated liquid effused around a leucoma occupying the field of vision, and thus facilitating at a future day the establishment of an artificial pupil. Although Mr. Desmarres has, on several occasions, performed this operation with success, he recommends its adoption with much reserve, and advises the puncture of the speck, only when the cornea is evidently distended by a fluid.

Such are, in the present state of science the chief means of treatment of opacity of the cornea. When it is not possible to remove the spots altogether, the surgeon's object must be to reduce their size in order to afford the patient the chance of benefiting by the formation of an artificial pupil. These specks also cause functional disturbances which require some attention.

A healthy young woman applied at the dispensary for the treatment of central nephelion on the left, and central albugo on the right cornea : the consequence of the albugo had been converging strabismus, the left eye only being used for the purpose of seeing. The spot, which had produced squinting, having lasted ten years, was beyond the resources of art, but with regard to strabismus, the long duration of the albugo was a favourable circumstance, in as much as it implied that the deviation of the eye had reached its extreme limit. Mr. Desmarres hoping to correct the squinting by a judicious exercise of the organ, recommended the patient to cover the left eye ten or fifteen times a day for ten minutes on each occasion, and to use the right eye only, either in reading or in walking. Children are frequently cured of squinting by the simple method of reducing the healthy eye to inaction, by keeping it covered with a small concave green shade, and exercising the weak eye singly. In more advanced years, when the deviation is ancient, this plan has less chances of success, but it is always proper to attempt it before having recourse to division of the contracted muscles.

## ART. 5586.

## HOSPITAL SAINTE-EUGÉNIE.

(Dr. Bouchut's clinical conferences.)

*Symptoms caused by entozoa. — Lobar pneumonia, leeches, hemostatics. — Case of croup cured by mechanical removal of the false membranes, sedative vapours and sulphuret of soda, internally.*

The influence of entozoa upon the production of the diseases of infancy, after having been unreasonably exaggerated, has by some been altogether denied, in the case of morbid manifestations which formerly would have been unanimously ascribed to the presence of worms in the digestive tube. We recollect that in 1830, Mr. Guer-sant Sr. considered convulsions were very seldom indeed occasioned by helminths. He further asserted that such convulsions were much less dangerous than had been stated, and that in his extensive practice, he remembered but one instance in which death could fairly be traced to worms; it was that of a child, in whom two ascarides, eight or nine inches in length, had penetrated into the biliary ducts.

Helminthic affections are now gradually regaining their unenviable reputation. Three years ago, the late distinguished Dr. Legendre, whose premature loss was deeply felt by the profession, peremptorily showed in an interesting publication, that convulsions may arise from the presence of tape-worm. The symptoms resulting from the passage of the oxyuris, from the rectum into the vagina are familiar to all practitioners; but ascarides not being armed with teeth or jaws, the supposed aggressions of such powerless enemies have been derided. Now this question is deserving of more serious attention, and Mr. Bouchut considered it desirable to advert to the subject, which he illustrated by the history of the case of a little girl admitted into his wards for disturbance of the digestive functions, of obscure origin, which yielded to anthelmintic remedies.



The child, aged four, was of unhealthy appearance, presenting a certain amount of puffiness without albuminuria, and was affected with functional derangement of the stomach and bowels, marked by vomiting and diarrhœa. One day the little patient passed a worm; Mr. Bouchut, acting upon this indication, prescribed 4 gr. of santonine. On the following morning a lumbric was expelled with a motion, and two others passed without evacuations from the intestines. The treatment was persevered in, and on the third day another worm escaped, two more on the fourth, etc., and altogether ten entozoa were thus ejected. The vomiting and diarrhœa yielded to this course of treatment.

During the last year a little girl was admitted into the same wards for obstinate vomiting the cause of which was not apparent. One insufficient sign of worms was present, namely dilatation of the pupils, but after a short time an ascaris was passed. Mr. Bouchut then determined on the exhibition of santonine, but on account of the tender age of the patient the dose of the medicine was reduced to one grain only. The next day, a mass of thirty one ascarides of different sizes was expelled at once without any motion. Two days afterwards she passed eight at first, somewhat later five, then six, altogether fifty one, and the vomiting ceased as it were by magic.

The morbid phenomena produced by worms may be classed under two heads. We observe in the first place symptoms of local irritation caused by the entozoa, and in the second, reflex symptoms due to sympathetic irritation. The latter chiefly have been contested or altogether denied. In the cases above described, the helminths had merely occasioned diarrhœa and vomiting from local irritation; but the records of science contain hosts of facts, which incontrovertibly demonstrate the agency of intestinal worms in the production of nervous symptoms of more or less gravity. Thus chorea, nervous cough, catalepsy and even epilepsy have on numberless occasions been traced to this cause and have yielded to vermifuge medications.

Mr. Bouchut observed in his practice the case of a young man aged twenty-two, who was suddenly seized with lumbago, head-ache, abundant epistaxis and prostra-

tion accompanied by heat of the skin and frequency of the pulse. The symptoms all pointed to incipient typhoid fever. Under this impression an emetic was prescribed and a lumbric was rejected : on the following day, the patient was better and the cure was complete on the third. This case, like many others, which cannot be looked upon as mere coincidences, seems to demonstrate that ascarides, although not supplied with organs of offense, act nevertheless in the manner of foreign bodies : that according to the peculiar predisposition of the patients, their presence may or may not be productive of morbid manifestations, and that they may not only cause local irritation but also sympathetic symptoms of general reaction.

This being a demonstrated fact, the physician's first care must be to expel the entozoa. For the attainment of this object, Mr. Bouchut has tried all the various anthelmintics, and amongst those used immemorially, the best in his opinion is semen contra, from which modern chemistry has extracted a well defined alcaloid principle, santonine, the substance he employs in preference to all others.

Santonine is moderately bitter, and its taste may be corrected by the addition of equal parts of sugar or of syrup ; it may further be incorporated in sugar-plums, or in granules ; but this later form, although more agreeable in its aspect has the disadvantage of concealing the precise amount of the active principle exhibited, so that the practitioner is not always aware of the quantity of medicine his patient is taking. In this respect it is preferable to administer the powder, which Mr. Bouchut prescribes according to the age of the children in the dose of one grain for every year. Thus the first of the little girls referred to above, being four and a half years old, took from 4 to 5 grains of santonine daily. This quantity however, if given in a single dose, might be rejected by the stomach ; it is therefore proper in order to secure its retention, to divide it into four powders to be taken in the course of the day, in wafers, syrup or sweet-meats.

—Lobar pneumonia in childhood is as uncommon and generally as devoid of danger as catarrhal pneumonia is



the reverse. Perhaps indeed, inflammation of the lobes of the lung in infancy is a disease, which is considered rare chiefly because it escapes notice; and while it is sought for at the lower part of the lung, its seat of predilection, it may occupy the summit of the viscus. We observed a case in point, interesting in more than one respect, in a little girl, to whom Mr. Bouchut directed the attention of his hearers.

The patient was a fine child of eleven, well developed, and presenting neither unfavourable family precedents nor any signs of a diathetic tendency. On the Monday, she was in perfect health, but the ensuing night she felt ill and was seized with a shivering fit, which lasted two hours, a circumstance of uncommon occurrence at her age. Feverishness and thirst followed, together with loss of appetite, head-ache, a dry cough, without any expectoration, or pain in the side. Mustard poultices were applied; but the symptoms persisting, the child was brought to hospital on the Tuesday. The next morning, Mr. Bouchut noted the following symptoms: high colour of the face characteristic of acute disease; marked redness of the right cheek, the temperature of which was  $100 \frac{1}{2}$  Fahr., whereas on the left side the thermometer did not rise above  $93 \frac{1}{2}$ : the tongue was white and its edges scarlet, the cough unattended with oppression, the pulse, 184. On examination of the chest, its sonorousness was found natural in all its parts with the exception of the right axillary and sub-clavian regions, where the resonance was somewhat dull, and the respiratory murmur almost inaudible: towards the end of deep inspirations, a sound was detected analogous to the rustling of tissue-paper, but no souffle was present.

The marked redness of the right cheek, had seemed to Mr. Bouchut an indication of the existence of pneumonia of the right lung. This sign, known from the time of Hippocrates, has been frequently noticed by clinical authors. Mr. Grisolle mentions it in his treatise on pneumonia and recently, Mr. Gubler remarked that although a heightened colour may not be present, the temperature of the cheek is nevertheless always increased. This latter remark is not however invariably correct. A few days since, a little girl lying at bed No. 13 in Saint-Marga-

ret's ward presented a coloration of the face, coincident with pneumonia; at first the heat of the cheek was  $11^{\circ}$  Fahr. higher on the diseased than on the healthy side, but on the ensuing days the reverse was observed, the temperature rising on the healthy side nearly  $4^{\circ}$  Fahr. above that of the opposite cheek.

Mr. Bouchut however was not misled by the impression produced by this sign, and the diagnosis was confirmed by careful and complete examination and by the further course of the disease : Mr. Bouchut remarked that by a general but improper omission the axilla is not auscultated; he blamed this neglect because lobar pneumonia, as the present case shows, may occupy that very region. Here however the physical signs at first indistinct, become more marked, and on the Thursday, rhonchus crepitans was readily detected : inflammation had extended to the anterior part of the lung, and had the disease not been checked, doubtless tubar respiration would have become manifest. A couple of leeches were applied below the clavicle, and the blood was permitted to flow for two hours ; an emulsion of almonds was prescribed, and a mixture with  $2\frac{1}{2}$  dr. of syrup of poppy. The symptoms were arrested by this very simple method of treatment, and on the following day, the pulse fell to 76. This case is an instance of lobar, or fibrinous pneumonia, running in three days through its various stages, and yielding to local blood-letting, without any necessity for the exhibition of tartar emetic.

Indeed the rapid subsidence of this sort of pneumonia is the rule, and in the course of this year, we have noted five or six cases of the same description in which the medication was nearly as simple as that above described. When the children are robust, Mr. Bouchut occasionally resorts to a second application of leeches, but the wounds are carefully watched, and the bleeding is not permitted to continue beyond an hour. The hemorrhage is checked with a *serrefine*, which proves a most convenient instrument for the purpose, or if it cannot be procured, with a small piece of agaric impregnated with a drop of the sesquichloride of iron. If the morbid condition of the lung persists or increases in severity, he prescribes tartarized anti-



mony (2 or 3 gr.) in a mixture, and as soon as feverishness abates, he supports his little patients with food.

This disease has generally so simple a course and so favourable an issue, that the thought has naturally suggested itself that it might cure as well and as promptly, if it were abandoned to the unaided efforts of nature. This would appear the more likely, as a certain class of practitioners by the sole assistance of infinitesimal doses of bryonia obtain results not inferior to those yielded by active and efficient treatment. It is quite true, that in many instances lobar pneumonia is alarming but in name, and that it frequently yields to the sole efforts of nature. This, however, is not always the case, particularly in children under three years of age, and when at this period of life the physical signs of pneumonia are observed concomitantly with agitation, delirium, and a pulse as frequent as 160, it would be improper in Dr. Bouchut's opinion, to remain inactive. The indications of treatment must be carefully noted and the interference of the physician is absolutely necessary. The inflammatory erethism should in the first place be subdued by cautious local blood-letting, or with tartarized antimony; this object having been attained, the practitioner should pause, and occasionally even without the assistance of a blister, the disease subsides, and it is soon possible to give food in order to obviate the pernicious effects of anæmia.

—At a time when the difficult question of croup is in agitation, it may not be devoid of interest to record a case of croup *d'emblée*, which was cured in the same wards, by a complex treatment, the successful issue of which contrasted favourably with too frequent instances of death in spite of tracheotomy.

A little girl aged five, coming from a district where diphtheria prevailed, occupied bed No. 7 in St-Margaret's ward. For a week she had been suffering from bronchitis, when her cough become hoarse, sibilous and her breathing hurried. A practitioner of La Villette prescribed an emetic which brought no relief, and asphyxia being imminent, the child was conveyed to hospital, where the fauces were examined and were not found to be the

seat of any pseudo-membranous secretion. In this case, croup had set in the throat at once, without premonitory pharyngitis and had reached its third period; but anæsthesia, considered by Dr. Bouchut the outward expression of asphyxia, the sign which indicates the proper time for surgical interference, had not yet appeared; Mr. Bouchut therefore paused, but did not remain inactive. With the assistance of Mr. Loiseau's protective ring, he inserted into the larynx a probe bearing three circular scrapers or rasps. The instrument penetrated with ease, and its passage into the larynx was proved by the escape of air through its cavity. Mr. Bouchut moved the apparatus in various directions within the air-tube and extracted whitish fragments of thick and tough false membrane. On the ensuing day the operation was repeated, and its mechanical efficacy was assisted by the exhibition of tartar emetic. The bed-curtains were also closed, and the child was surrounded by the tepid steam issuing from a decoction of hemlock, intended to cause relaxation of the spasm, which is a further cause of asphyxia.

The treatment was completed by the following mixture :

*R.* Mist. acaciæ. . . . . 5 oz.

Sodæ sulphureti. . . . . 6 to 8 gr.

A spoonful to be taken every second hour.

The combined use of these various remedies, viz. scraping, tartar emetic, sedative fumigations, and sulphuret of soda internally, was persevered in for three days and a decided improvement had taken place, although the voice remained weak. But on the next day, dyspnœa reappeared with its alarming characteristics. On this occasion the difficulty in breathing was not dependent upon obstruction of the larynx : the cough was loose; broncho-pneumonia had been superadded to the original complaint, a fact which was placed beyond doubt by the discovery in the lower lobe of the right lung, of diminished sonorousness and rhonchus crepitans. An emetic was immediately exhibited and dry cupping was three times resorted to in the course of the next twelve hours. This had occurred on a Sunday, dulness on percussion and tubar respiration



were present, and the pulse had risen to 140. On the Tuesday, no material change had occurred, the sulphuret of soda was omitted, an emulsion of almonds was prescribed, and a small quantity of beef-tea was permitted. One leech was applied and the blood was allowed to flow uninterrupted for two hours. On the Wednesday, souffle had disappeared and was replaced by rhonchus crepitans redux; the pulse from 140 had descended to 120; in short the complication was subdued, and as apprehension was felt, lest the child might catch scarlatina, then prevalent in the wards, she was sent home to the house of her parents where she promptly and completely recovered.

## ART. 5587.

## MEDICAL CORRESPONDENCE.

*Remarks on the treatment of gonorrhœa in man.*

The difficulty of the practitioner in the treatment of blennorrhagia is in the multiplicity of medications recommended for that affection, and among which he is obliged to select one. To which shall he give the preference? Shall he resort to antiphlogistics (leeches on the perineum, baths, diluent beverages, etc.), or shall he prescribe balsamics (copaiva, cubebs)? At what stage shall he order injections and what injections, caustic or astringent? But these injections are numerous. Which shall be his choice? In what proportions shall he order the various substances which enter into their composition? Is the association of these substances in one formula of any use? Can the combination of these medications (balsamics, injections, etc.) concur to the success of the treatment? Another important consideration: shall this treatment be exclusively local or must the practitioner take into account the opinion, which considers gonorrhœa as a syphilitic disease, and shall he prescribe for his patient a specific course of treatment, mercurial or other?

Putting these questions is intimating the difficulties of the treatment of gonorrhœa; and if so many practitioners, both skilful and learned, are doomed to disappointment, it is, we do not hesitate to aver that a proper knowledge of indications is wanting, and that they have disregarded the opportuneness or inopportuneness of such and such a therapeutic resource.

In these remarks, which are to be devoted to the treatment of gonorrhœa, we shall exert every endeavour to state these indications with precision. We must consequently be permitted to speak of the symptoms, forms, periods of the disease; in short, of making some indispensable preli-

minary observations for the purpose of rendering more intelligible, more practical the considerations into which we shall find it necessary to enter.

And first, it must be understood that we intend to treat here of *contagious purulent urethritis* only, and that this *pathological species* must not, as is too frequently the case, be confounded with simple urethritis, i. e. with urethritis originating in the introduction of a foreign body into the urethra (permanent sounds or bougies, caustic injections, etc.), nor with *gouty, rheumatic, scrofulous, herpetic, etc.*, urethritis. In our eyes, the same difference exists between purulent urethritis and the other forms of inflammation of the urethra, as between purulent ophthalmia and traumatic, catarrhal, rheumatic, etc., conjunctivitis; the same difference as that which exists between syphilitic, scarlatinous, diphtheritic, herpetic, etc., anginas, diseases essentially different by their causes, and which have naught in common but their anatomical seat.

Three circumstances characterize gonorrhœa : 1. its contagious origin in the patient affected with it ; 2. its property of transmitting itself to another person or to another mucous membrane in the same subject ; 3. the quantity, *nature* and long duration of the discharge.

Here, as in all diseases, the diagnosis must be established by symptoms considered as a whole, and we may add that in general this diagnosis is easy. To one pathological fact we would however call the attention of our fellow-practitioners, as being a fruitful source of error in the diagnosis of gonorrhœa. As rare as is spontaneous urethritis (*gouty, rheumatic, psoric, etc.*) in individuals, who have never had purulent urethritis, so common is it with those who have been once or oftener affected with gonorrhœa. These *inflammations of the urethra after gonorrhœa* are most easily mistaken for contagious purulent urethritis. The former only are produced and developed in the absence of all contagion.

Is purulent urethritis of a *syphilitic nature*? Is the cause which produces it the same as that which gives birth to constitutional syphilis? The discussion of this question is beyond the limits we have traced out for this article. We shall confine ourselves to the observation that pathologists, who admit the syphilitic nature of gonorrhœa, acknowledge that in the great majority of cases, gonorrhœa is not productive of secondary symptoms. We would say to practitioners : Reserve your opinion on the question of the nature of purulent urethritis, but treat it as if it were demonstrated that it is not syphilitic. If constitutional syphilis exhibits itself in any of your patients during the progress of gonorrhœa or subsequently to its cure, then prescribe a course of antisymphilitic remedies. But for these few and unfrequent cases of syphilis after gonorrhœa, do not adopt as a principle or general rule of therapeutics to submit all patients affected with gonorrhœa to mercurial treatment.

Purulent urethritis, considered in the whole of its symptoms, appears in two principal forms :

1. The *acute or painful form*, characterized by the acuteness of the pains during and after micturition and by the frequency of erections ;

2. The *sub-acute or indolent form*, the denomination of which sufficiently indicates its characteristics.

Like all diseases, purulent urethritis has its *periods* or its *ages*. Gonorrhœa has a prodromic period, an incipient stage, a period of status and one of decline or of termination. These periods are common to both forms of the disease.

Before any treatment for blennorrhagia is instituted, two important considerations claim attention : 1. the form of the disease ; 2. the stage at which the latter is found at the time the medical adviser's intervention is solicited.

All the symptoms of purulent urethritis in its acute form are too well-known to require description here. Among these symptoms, the pain the patient feels in voiding urine is, in our estimation, preeminently the sign of this form and its greater or less intensity supplies, in some degree, the *shades of distinction* which the malady presents in the acute variety.

The signs of the *sub-acute* or *indolent* form, are absence of a congestive state of the penis, few or no pains during micturition, unfrequent and painless erections.

The determination of the periods is more difficult than that of the forms; we distinguish them according to the following data :

A. — *Prodromic period*. Interval of time comprised between the instant of the contagion and the appearance of the discharge of short duration, most commonly four or five days ; urethral pruritus ; sensation of heat in the canal in passing water, and sometimes pain in micturition ; redness of the orifice of the meatus ; more or less high colour of the mucous membrane of the fossa navicularis. In some cases, complete absence of all symptoms during this stage ; the discharge then constituting the first sign of the disease.

B. — *Incipient period*. Appearance of the discharge ; lactescent aspect of the matter secreted very rapidly assuming the colour and consistency of pus (1) ; short duration of this period, in two or three days the disease arriving at its status.

C. — *Period of status*. Purulent discharge presenting some variations, according to the acute or sub-acute form of the disease, but always analogous, in some of its characters (colour, consistency), to phlegmonous pus. Existence of symptoms peculiar to the various forms of purulent urethritis. Duration always long, rarely extending to less than a fortnight, often persisting till the third and fourth week ; it is not even rare to observe it during the course of the second month. The aspect or rather the *quality* of the discharge is with us the criterion of this period. As long as the discharge is thick, yellow, purulent, we consider the disease as still in its period of status.

D. — *Period of decline and end*. Modification in the quantity and colour of the running. The latter is less copious ; it is thinner and lactescent ;

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(1) The rapidity with which the discharge progresses and arrives at its status is one of the characteristics of purulent affections of mucous membranes.



it gradually assumes the character of a catarrhal discharge, i. e. one in which the element *mucus* predominates over the element *pus*.

The duration of this period is more or less long, according to the regimen and treatment the patient undergoes.

In the very great majority of cases, the discharge ceases spontaneously and the patient is cured. But in some instances the morbid secretion persists, preserving the character of a non-contagious leucorrhœal and catarrhal running, which pathologists generally denominate *gonorrhœa*, *habitual oozing*, *chronic urethritis*, or *gleet*, an affection the treatment of which will occupy us specially and for which we shall have entirely new means to propose to our fellow-practitioners.

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## SCIENTIFIC MISCELLANEA.

ART. 5588. DROPSY; ANASARCA; SEROUS SUFFUSIONS. THE STRAWBERRY-PLANT; ELDER-FLOWERS; VINEGAR; DR. ARAN'S DIURETIC WINE. — Dropsy, anasarca, circumscribed serous suffusions, usually but the symptomatic expression of some more general disorder, constitute nevertheless a morbid product, the presence of which is frequently the leading feature of disease. Amongst the medicinal agents of the class diuretics, some enjoy a considerable amount of popularity, and deserve to be retained, others owe their virtues to combinations more or less scientific and it is no less important that a knowledge of them should be more generally diffused.

The properties of the decoction of holly-root, of strawberry, of asparagus are too familiar to our readers to require any comment, and country-people in France spontaneously use them for the cure of that form of anasarca which is consequent upon eruptive fevers. We have had frequent occasion to see children affected from this cause with serous suffusions, who escaped almost certain death by the timely use of this kind of diuretic beverage, assisted by the most useful method of urtication. We find, in the *Annales de Médecine* of Antwerp, a case recorded by M. J. Van Hoof, of Bouchout, in which anasarca, occurring in a man who had suffered from intermittent fever, and whose spleen was enlarged, yielded to the exhibition of a decoction of the strawberry-plant. All the various medicines usual in such cases having failed, the author gave the friends of the patient, whose condition seemed desperate, full liberty to administer whatever empirical remedies they might think proper, but all proved unavailing. Recollecting however that he had read in some periodical an instance of cure of dropsy by a decoction of the common straw-

berry-plant, he had recourse to it, and the patient who drank as much as three pints daily, completely recovered. Dr. Van Hoof justly remarks that this case shows that so long as life endures, the physician should never lose all hope, nor be exclusively systematic; that he must attempt all reasonable means of treatment, and that any remedy, even empirical, how insignificant soever it may seem, should never be contemned provided it offers the slightest chances of success.

The elder-tree, *sambucus nigra*, is an aperient, nay a drastic, which has occasionally been prescribed with benefit in cases of dropsy; it is also a diuretic and therefore presents a twofold advantage. One of our subscribers, Dr. Reyssié of Romanèche (Saône-et-Loire), has been many years in the habit of prescribing this plant as an aperient, and recommends it to be prepared as follows: he washes the fresh root of the common elder-tree, strips the bark from the wood, and by pressure extracts from the scrapings a juice varying in quantity, according to the time of the year; a tea-spoonful of this fluid in a little sugar and water, or broth, is generally sufficient to act as an aperient for an adult. This medicine occasioning neither colic nor any kind of inconvenience, the dose may boldly be increased to a table-spoonful, and then occasions from twenty to thirty often very abundant alvine evacuations,

Mr. Reyssié, desirous of obtaining a preparation of this bark which might preserve its virtues and be used in winter, compounded a syrup of elder-tree bark and discovered the singular fact that under the influence of boiling, the purgative property of the drug was lost, but that it had acquired diuretic virtues of which it previously was destitute.

Our correspondent relates a fact which shows that the modification occasioned by heat, in the action of elder-tree bark, is not merely fortuitous. He states that a woman, who was engaged in preparing for her husband some of this bark, thought to gain time by pouring boiling water over it. The patient was suffering from anasarca consequent upon disease of the heart and bronchi, and twice already had experienced the purgative effects of the medicine; but, on this occasion, no drastic action followed its exhibition, and, in the course of the day, he passed so enormous a quantity of urine that he recovered much more rapidly than could have otherwise been anticipated.

The infusion of elder-flowers occupies also a place, an insignificant one it is true, in the mixture recommended in cases of pleuritic and pericardiac effusions, by Dr. Worms, physician to the Military Hospital of Gros Caillou. The following is the formula of this mixture, according to the *Bulletin de Thérapeutique*:

R. Inf. flor. sambuci. . .	9 $\frac{1}{2}$ oz.
Potassæ nitratis. . . .	3 dr.
Antimon. tartarizati. . .	3 gr.
Mellis depurati. . . .	3 oz.
F. S. A.	

Two table-spoonfuls to be taken every hour.

Vinegar is another substance easily procured and which, according to

the *Journal de Médecine de Bruxelles*, is used beneficially in dropsy, by Dr. Beyer, a military surgeon of Breslau.

Mr. Beyer prescribes a table-spoonful to be taken every hour, and as a beverage, water acidulated with wine-vinegar, of which the patient must take 6 ounces daily. Mr. Beyer has thus exhibited from three to four quarts of vinegar during the entire course of the treatment. This fluid at first induces some amount of diarrhoea, and subsequently perspiration and abundant diuresis; if the patient takes a disgust to the vinegar, its use may be interrupted for a short time.

We will finally mention a diuretic wine, the powerful action of which we noticed in a little girl aged twelve, in whose case we were on two different occasions indebted to Mr. Aran for his valuable cooperation.

The child was affected with endo-pericarditis consequent upon rheumatism, attended with feverishness, great frequency of respiration and distressing palpitation of the heart. Several blisters were applied in succession to the precordial region, and every four hours one of the following pills was exhibited :

R. Veratriæ. . . . . 1 gr.  
Sacchari et gum.. . q. s.

F. S. A. Divide in pilulas triginta.

This treatment, aided by the proper diet, produced satisfactory results; but, after for about a twelvemonth enjoying fair health, the child relapsed into her former condition, and to the symptoms which she had previously experienced were superadded puffiness of the face, oedema of the extremities and a certain amount of effusion within the pericardium. We again had recourse to the valuable assistance of Dr. Aran, who recommended fresh applications of blisters of the size of the palm of the hand, and the exhibition, before each light meal, of one or two drops of the sesqui-chloride of iron in a spoonful of sugar and water, and daily one table-spoonful of the following diuretic wine :

R. Scillæ. . . . . 2 dr.  
Potassæ nitratis. . . }  
Pulv. digitalis . . . } aa  $\frac{1}{2}$  dr.  
Jalapæ. . . . . }  
Vini albi. . . . . 8 oz.

M. macerate for twenty-four hours in a warm room, strain and preserve for use.

This medication was instituted on 23 October, and, on November 1, abundant diuresis having taken place, no trace was left of the infiltration or the serous suffusion which had previously endangered life.

ART. 5589. GRAVE PNEUMONIA SPEEDILY RELIEVED BY ERGOTINE. — We recollect having seen Mr. Maisonneuve exhibit with advantage syrup of ergotine in that form of pneumonia which is frequently observed in consumptive subjects, and is attended with sanguineous exhalation.



\* Ergotine is a powerful hemostatic, and we find, in the *Gazette des Hôpitaux*, a fresh case of Dr. Thibault, du Pertre (Ille-et-Vilaine), which seems to prove that the sedative virtues of this drug may, in certain varieties of pneumonia, make it a useful substitute for oxy-sulphuret of antimony and tartar emetic.

On October 20, 1858, Mr. Thibault was summoned to a patient suffering for four days from pneumonia in the first and second stages. The pulse was full and vigorous, and had risen to 95; oppression was considerable, cough moderate and productive of rusty sputa. 20 ounces of blood were taken from the arm, and phlebotomy was repeated in the evening. On the following day, eight leeches were twice applied, at an interval of twelve hours, to the left side. On the 22, slight improvement had taken place, the oppression had decreased, and the pulse had diminished in frequency. Tartarized antimony was prescribed; but, having been rejected by the stomach, was replaced by kermes mineral. On the 24th, the patient was worse, the pulse was small and frequent, at 105; the countenance had undergone an unfavourable change, much prostration was present, and the expectoration had the colour and appearance of the juice of stewed prunes. On the 25th, hemoptysis occurred twice, and the patient was troubled with delirium and carphology. For the purpose of modifying the character of the expectoration, indicative of suppuration of the lung, with but slight hopes of attaining his object, Mr. Thibault prescribed the following mixture :

R. Aquæ. . . . .	3 oz.
Ergotinæ. . . . .	1 scr.
Antimon. oxy-sulphuret. .	} aa 3 gr.
Pulveris scillæ. . . . .	
Gum. tragacanth. . . . .	1 scr.
Syrupi simplicis. . . . .	10 dr.

F. S. A. To be taken in table-spoonfuls every hour. (1)

Scarcely had the patient taken three or four doses when the appearance of the sputa was changed. They first became rusty, and subsequently merely yellowish, as in common catarrh. Mr. Thibault was also struck with another equally singular circumstance, viz. the decrease of feverishness; the pulse fell from 105 to 80 and 75, without however acquiring strength or fulness. The medicine was interrupted and the expectoration again became rusty; but recovered a more healthy character, when the medicine had been resumed twenty-four hours. On November 2, the patient was rapidly progressing towards health.

(1) Mr. Maisonneuve exhibits the *syrup of Bonjean*, which is prepared by the addition of a solution of 2  $\frac{1}{4}$  dr. of Ergotine in one ounce of orange-flower water, to one pint of boiling syrup. This compound, contains eight gr. of ergotine for every ounce, and is prescribed in tea-spoonfuls 4 times an hour, in hemoptysis.

H. C.

## ART. 5590.

## LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Dr. Jules Cloquet read a very interesting report on a paper entitled : *Researches on the development of the teeth and maxillæ*, by Professor Natalis Guillot.

Since Vesalius and Eustachi, the most skilful anatomists have investigated this important subject, Hérissant and, in our own time, Cuvier, Serres, de Blainville, Arnold, Owen, Roshkow, Goodsir, Huxley, Mueller, have studied the question without exhausting it. According to the most generally accredited opinion, the teeth are generated in the maxillary grooves and are surrounded by the sac, which produces them. This sac is a prolongation of the common mucous membrane of the mouth ; the teeth are therefore a secretion of this membrane, as hairs are secreted by the skin. Such is the opinion almost generally professed, and Mr. Jules Cloquet had hitherto participated in it. Professor N. Guillot, quitting the ordinary field of observation, and studying the questions relative to the origin of the teeth in the first phases of embryonic life, has shown that the teeth are not a produce of secretion ; that they are generated far from the mucous membrane, which in no wise concurs in the formation of the sac ; that they are produced by the molecular transformation of a primordial tissue called by the author *odontogene* or *generating gangue* of the teeth ; that, originating in the midst of this substance, they are at first destitute of any sac, the ivory and enamel being formed previously to this envelope ; that, in this early part of embryonic life, the teeth, which are one of the first organs whose structure can be discovered, preexist to the formation of the maxilla, and in general to all the tissues of the face, which are concentrically created around and independently of them.

After Dr. N. Guillot's remarkable investigations, it can no longer be admitted, as usage and opinion will have it, that the teeth grow ; it is more accurate to say that the teeth are brought out by the molecular movements of the jaw and of the bones of the face.

— Professor Velpeau presented, in the name of Mr. Vernhes, a medical practitioner at Béziers, a short communication entitled : *Plain propositions on croup*.

The author, having remarked that the department of the Hérault, which, for these three years past, has been under the influence of a most intense and fatal epidemic of croup, has presented scarcely any cases of measles, concludes from that circumstance that these affections are, to a certain extent, similar, and has been led to the belief that if, by artificial means, a general exanthema could be produced on the skin, the development of croup might be prevented or the disease checked in its early stages. He has, in consequence, imagined a method of treatment consisting principally in

causing a confluent eruption on the entire surface of the body by means of croton oil. He asserts that, after the appearance of the exanthema, the formation of false membranes, if it has already taken place, is completely stopped.

-- Dr. Delfrayssé of Pradines has communicated to the Academy a short paper on a case of asphyxia in a new-born infant, which he successfully relieved by tubing the larynx.

"I was summoned," says Mr. Delfrayssé, "towards the end of September, by Mr. N..., to attend his wife in her accouchement. Having been unable to proceed immediately to his house, I was late and the young woman was delivered, without my aid, of a mature child, who presented all the appearances of death, although it was perfectly constituted, and the midwife had rendered it, for a quarter of an hour, all the assistance usual on such occasions.

"The father, who was waiting for me at my house, disconsolate at this event, requested me to see his wife, who was losing a great quantity of blood. Suspecting, from his account, that the child was merely in a state of asphyxia, and being acquainted with Dr. Bouchut's new method for the treatment of croup by tubing the larynx, it immediately occurred to me that I would try this new means, and I selected among my sounds and tubes of all calibres those most suitable to the operation. I succeeded in imitating, though somewhat rudely, all the various parts of the apparatus, which, however, performed their functions satisfactorily. The child was cold, discolored, and presented the symptoms of the most complete asphyxia, such as falling of the jaw, flaccidity of the limbs, absence of respiration, etc. I then introduced with great facility the tube I had just prepared, and, when it was in its place, I exercised a movement of compression on the sides of the thorax, and a deep sigh immediately ensued. In a few minutes, breathing proceeded with great regularity and the child returned to life. The tube was then withdrawn without any difficulty by lightly drawing the thread which held it, and one end of which hung out of the mouth. In less than one minute, the resurrection was effected."

**ACADEMY OF MEDICINE.** — The Academy resumed the discussion on the tubing of the glottis and tracheotomy, in the treatment of croup.

Mr. Piorry read a communication in which he expatiated upon the various forms of croup, and the insufficiency of general directions for the treatment of this complex disease, usually described as a pathological unit. Mr. Piorry concluded by urging the necessity of carefully discriminating, and estimating the value of the anatomical conditions met with in subjects affected with the malady, and finally by expressing his opinion that tracheotomy, an operation in his opinion free from danger, was preferable to tubing.

Mr. Malgaigne spoke in a spirit of hostility to the conclusions of the report, and, after reminding the Academy that Mr. Bouchut had presented



tubing as a question requiring investigation, expressed some surprise at the precipitation with which the committee had reported on the matter without having previously instituted any experiments, and apparently for the sole purpose of rushing to the rescue of tracheotomy; he then criticized *seriatim* the four points suggested by the question of tubing, into which Mr. Trousseau had divided his discourse.

Although tubing may be a laborious operation, it surely was easier of performance than tracheotomy, and its difficulties would decrease in proportion as it became better known. The reporter had stated that tubing was attended with danger if the ring were permitted to remain in the larynx longer than forty-eight hours. On what personal investigations was this assertion grounded? It could be considered but as a merely imaginative view, any absolute conviction on the subject being hitherto impossible of attainment, in the absence of demonstration from actual experiment. Mr. Malgaigne without hesitation assented to the opinion expressed in the report on the utility of tubing in croup not extending beyond the larynx, and in simple laryngitis. But the committee had gone beyond the truth in stating that tubing was of but slender avail when the trachea was invaded by false membranes. How did the commission acquire this information? Here again, too, the chances of success were equal for tracheotomy and for tubing.

"I readily concede to Mr. Trousseau," said Mr. Malgaigne, "that the results of tubing are hitherto the reverse of encouraging; but it must be recollected that this process is as yet in its infancy, and that, when the method will have been improved, subsequent facts may perhaps be more satisfactory.

"In drawing a parallel between tubing and the other processes in question, Mr. Trousseau begins with the assertion that, in croup, death will nearly always be obviated. This is the indication met by tubing.

"Let us now inquire into the real merits of tracheotomy.

"I will not undertake a vindication of Mr. Bouchut's statistics. But I am utterly at a loss to understand how Mr. Trousseau can possibly have ventured to state that, when children suffering from croup die after tracheotomy, the fatal issue should with more justice be referred to the disease than to the operation? No, all operations have their dangers, and tracheotomy has immense perils. It is a process hazardous in itself, and peculiarly so in subjects reduced to a state of extreme debility; thus we find that barely one or two instances are adduced in which infants under two years survived the operation; and even in the adult it has frequently proved fatal, when performed for diseases foreign to croup. Quite recently, Mr. Thierry acknowledged he had lost three adults in whom he had incised the trachea, either for diphtheritic angina or for other affections of the larynx. When therefore I find in the report, on the subject of the operation at the extreme period of croup, expressions like the following: *If the child dies, I shall feel certain that the operation had no share whatever in the fatal issue*, I must admire the imperturbable self-possession, the intrepid conviction of our colleague; but I regret to say I cannot participate in them. I have sometimes performed tracheotomy, one only of my patients

recovered; and I would not dare so positively to assert that the operation was quite innocent of any share in the death of the others. Be quite certain, gentlemen, that this is the almost universal feeling of surgeons; else, whence do they derive their instinctive reluctance to perform tracheotomy? I am personally friendly to this operation, but not unreservedly; I avail myself of it as an extreme and formidable resource when no other means of preserving life can be devised. I operate when the physician declares that no other chance remains, and when weeping parents implore me to attempt some desperate effort to rescue an expiring child. I consider the operation as a stern and melancholy duty, which my conscience forbids me to evade; but I operate with grief, with a feeling of anguish that no other surgical process ever caused me in the same degree; and when a fellow-practitioner summons me in a case of this description, I would gladly offer up a prayer not to be found at home, in order that the distressing office from which I shrink may devolve upon some other surgeon.

“What justifies in these cases surgical interference, what absolves me in my own eyes, is the absence of any other resource; it is that one more chance is thus given to a patient who had none left. But a new doctrine has for the last few years been brought forward, and seems gradually to be gaining ground in practice, it is the doctrine of early tracheotomy during the second stage of croup, *before death becomes imminent*, and as Mr. Trousseau expressed it in 1835, as early as possible and as soon as the presence of false membranes within the larynx has been ascertained.

“*Before death becomes imminent!*” exclaimed Mr. Malgaigne, “what loose language and what facilities are here offered to the rashness of operators! But if death be not imminent, how do you know it will occur at all? And although the case may not be a fatal one, you are on the point of performing an operation more perilous than amputation of the thigh!”

Mr. Malgaigne then compared the contradictory statistics of Messrs. Roger and Sée and that of Mr. Millard, and endeavoured to show that the former were incorrect. He demonstrated by figures that tracheotomy yields at present, in private practice, results quite as unsatisfactory as heretofore, whereas it is represented as infinitely more successful at the Hospital for Infancy, in spite of the worst hygienic conditions, and although the operation is most habitually performed by the house-surgeons.

“This singular fact,” said Mr. Malgaigne, “admits but of one explanation; namely, that these young gentlemen, not being endowed with the same amount of intrepidity as older practitioners, often determine upon performing the operation when their seniors would have temporised. I give notice of this circumstance to the chief-surgeons. *Caveant consules!*”

Mr. Malgaigne declared his adhesion to Mr. Bretonneau’s doctrine, which admits of tracheotomy in croup in the period of asphyxia only. In the second stage of the disease, he felt disposed to prefer tubing, a bloodless operation, and this is the course of conduct he stated he would adopt in the case of his own child. Mr. Malgaigne does not presume to pass upon tubing a definitive judgment. The operation is one, remarked he, which hitherto justifies hopes only; but, if they should be realized, tubing

would accomplish in the medication of croup a revolution analogous to that made by crushing in the treatment of stone. What would not be the regret of the Academy if, by a precipitate judgment, it authorized its enemies at some future day to accuse it of having obstructed so manifest a progress !”

“ Had I had the honour of a seat in the committee,” said Mr. Malgaigne in conclusion, “ I should have endeavoured to express an opinion on tubing, not on tracheotomy, and, in the absence of sufficient elements of a definitive judgment, the only resolution I should have felt inclined to propose to the Academy would have been the following, which I now lay upon the table :

“ To pass a vote of thanks to Dr. Bouchut, and request him to communicate to the Academy all subsequent observations calculated to throw light upon the question of tubing.”

The length of the debate precludes us from reproducing the perspicuous speech in which Mr. Bouvier confuted, often with success, Mr. Malgaigne's assertions. We published, in our last Number, the letter of the *internes* of the Hospital for Infancy, which was read by Mr. Bouvier, and wherein these young surgeons so honourably exculpated themselves from the accusation of precipitation brought against them by Mr. Malgaigne. Mr. Bouvier then enumerated the different successive phases of the history of tracheotomy, and the circumstances by which the results of that operation have been considerably modified. These circumstances having been expatiated on in Mr. Trousseau's reply, we shall confine ourselves to an abstract of this second part of the learned reporter's argument.

After having accounted for the promptness displayed by the committee in issuing its report on the communication made by Dr. Bouchut, by the necessity of at once replying to the slanderous attacks directed by that gentleman against tracheotomy, and thus putting an end to the uneasiness created in the minds of the profession and the public by these accusations, Mr. Trousseau dealt a parting blow at tubing, which, in his opinion, is not only a *poor* invention, but also an operation fraught with danger.

As we stated in the leading article of the present Number, Mr. Bouchut had already performed upon animals experiments which appeared to him so inconclusive, that he did not consider their results of sufficient importance to arrest his progress. Mr. Trousseau has repeated these experiments, with the cooperation of the same assistant, Mr. Faure; whilst Mr. Bouley, Professor at the Veterinary School of Alfort, was also instituting a series of researches on the same subject. All these experiments have, according to Mr. Trousseau, proved that the ring, which the larynx was reported to bear with so much ease, is, on the contrary, productive of the most terrific ravages, of local disorders of so fearful a description, that had the animals survived, they must have been subject to the dreadful symptoms which follow necrosis of the larynx.

The reporter then laid before the meeting a series of larynxes of dogs, the anatomical changes of which created the greatest sensation.

“ Imagine now,” said Mr. Trousseau, “ these cases of croup in which, after



tracheotomy, the larynx remains obliterated during a space of time which has occasionally extended to forty-four days, and you will readily conceive that tubing, dangerous even after forty-eight hours, could not possibly be continued during weeks. At most, it might be used as a temporary resource, as it has been by Mr. Loiseau, for the purpose of introducing caustics into the air-passages."

After having thus closed the question of tubing, Mr. Trousseau confuted the opinion that tracheotomy is a dangerous operation. Acknowledging that occasionally it may not be devoid of some amount of peril, he could not admit that its dangers were, in any way, so considerable as had been stated by Mr. Malgaigne. Mr. Oppitz, a young German physician, in a statistical table of the cases in which tracheotomy has been performed for the removal of foreign bodies accidentally introduced into the air-tubes, shows that, of 96 operations, 73 were followed by a cure, and, in a great many of the remaining 23 cases, the fatal issue could not be referred to the incision of the trachea. It is therefore unfair for Mr. Malgaigne to compare tracheotomy, in point of gravity, to amputation of the thigh.

The reporter then hastened to enter upon the question of croup. Is croup a curable disease, is it one in which recovery is frequent, very frequent? That is the question. If the answer were in the affirmative, tracheotomy should be but seldom performed. If, at any period, croup were always remediable, the operation should never be resorted to at that peculiar stage of the complaint; and lastly, if in one of its phases the disease were invariably ascertained to be irremediable, at this time the trachea should always be opened.

Now, we find in Mr. Bouillaud's *Nosography*, the history of Zobel who, out of 40 cases of croup treated by internal remedies alone, lost 39; Dr. Fer- rand's statistics number, under similar circumstances, exactly 60 deaths out of 60 patients; in a district of Sologne, Mr. Trousseau himself saw 15 fatal cases out of 17; the 2 surviving individuals only had been treated by topical remedies. "Croup, therefore," said Mr. Trousseau, "is an extremely serious disease. Let us see what is the most eligible course of treatment to be adopted.

"I cannot concede to Messrs. Malgaigne and Bouvier that croup is exclusively constituted by the presence of false membranes, any more than Mr. Malgaigne would admit of the existence of carbuncle, when he sees the core only. To me, as to Messrs. Bretonneau and Guersant, the first stage of croup is an inflammatory swelling of the mucous membrane, which produces the hoarse characteristic cough, but is unattended with any fits of suffocation.

"At this period, although it is not the most common occurrence, recovery may take place, and tracheotomy is in no instance justifiable.

"The second period is marked by the secretion of false membranes, by suppressed and less frequent coughing, by fits of dyspnoea with intervals of perfect quietude, and here the instances of cure are far more rare. I call to witness of my assertion the physicians of the Hospital for Infancy,

and all those amongst our colleagues who have frequent opportunity of observing croup in their practice.

“ Finally, when dyspnœa becomes continuous and the paroxysms are merely exacerbations without any intervals of repose, how many children do you think escape? Inquire of Mr. Barthez, who out of 67 patients saw 67 perish during this period! May it not be said, with almost absolute certainty, that, at this stage, death is nearly inevitable? Do we not say the same in the third stage of consumption, although once in a 1000 times perhaps, the event contradicts our prognosis?

“ In the third period of croup, our certainty is quite as great, and surely it would be unfair to accuse tracheotomy, performed under such adverse circumstances. Death is imminent, unavoidable, what worse can be apprehended? Do not all physicians agree that then tracheotomy may prolong life one or two days, and give the patient a chance of recovery? All that is subsequently gained (I urge this point upon your attention), all that is gained, is due to tracheotomy.

“ What then are the conditions favourable to the successful issue of the operation?

“ In the first place, and above all, it must be skilfully performed. And the house-surgeons, the dressers! Mr. Malgaigne will object. I acknowledge that, like our most expert surgeons, they may commit error. I saw the late Auguste Bérard, at the first sweep of the knife, divide the œsophagus with the trachea, and, in an other case, lose a patient almost instantaneously from hemorrhage, and yet he subsequently performed the operation with unequalled dexterity.

“ Above all, hemorrhage must be avoided, and this, it is well known, is always practicable by the exercise of a little patience. You are likewise aware of the wide difference existing between local croup and general diphtheria. Thus, from the inaugural theses of former house-surgeons of the Hospital for Infancy, we gather that in the first instance 13 cases recovered out of 24, and in the second 1 out of 6.

“ Now, as to the previous treatment, I declare that I never saw a single case of true croup recover, even at the first stage, by blood-letting and leeches.

“ If emetics which seem to be regaining ground, have in some cases appeared to facilitate the expuition of a false membrane, I make no doubt that far more generally they induce in the patient a dangerous degree of debility.

“ With regard to blisters, I not only assert they are useless, I denounce them as highly dangerous. How frequently do we not see children, after tracheotomy, die from general infection caused by the spreading of diphtheria to the blistered surface? I do not hesitate to state distinctly, because it is my inmost conviction, that tracheotomy would have far more satisfactory results, if children, as it frequently happens, were affected with croupal suffocation, without having undergone any of the above courses of treatment, the only effect of which is to produce debility.

“ Although Mr. Bouchut's lamentable statistical table has been constructed on most hazardous grounds, we cannot deny that highly eminent

surgeons have been extremely unfortunate in their performance of this operation. We meet with series like the following :

1.	Messrs. Gosselin, Deguise, Huguier, } Jarjavay, Monod. . . . . }	95 operations,	95 deaths.
2.	Alph. Guérin, Michon, Lau- } gier, Robert, Nélaton, Le- } noir, Depaul. . . . . }	117 —	106 —
3.	Velpeau, Jobert, Desormeaux.	84 —	68 —

“These not very accurate figures may be contrasted with the following, which have been supplied to me by the gentlemen themselves whose names are mentioned :

Messrs. Bardinet, and others, of Limoges. .	57 operations,	17 cures.
Saussier (of Troyes). . . . .	6 —	3 —
Beylard. . . . .	13 —	4 —
Moynier. . . . .	17 —	8 —
Archambault . . . . .	21 —	8 —
Lalois (of Belleville) . . . . .	6 —	3 —
Viard (of Montbard). . . . .	2 —	1 —
Petel. . . . .	9 —	5 —

Total . . . . , . 131 operations, 49 cures

or more than one third.

“This remarkable difference in the results is entirely due to the nature of the after-treatment, the importance of which has been fully appreciated, within the last few years only. I could name quite a generation of young surgeons, whom in various competitions Mr. Malgaigne has honoured with a favourable vote, and who, before they adopted the after-treatment at present in general use, lost 20 patients out of 20 operations. Since they have recourse to the precautions which I shall indicate, they have saved 17 out of 39 cases, i. e., more than 1 in 3. The following is the table of the latter sequence of operations :

Messrs. Richet. . . . .	9 operations,	5 cures.
Follin. . . . .	7 —	2 —
Broca . . . . .	12 —	6 —
Richard. . . , . . . . .	5 —	2 —
Demarquay . . . . .	6 —	2 —

Total. . . . . 39 operations, 17 cures.

“Shall we still say, with Mr. Malgaigne, that is is untaught inexperience which alone is successful? Assuredly, gentlemen, it is, on the contrary, experience, the surgeon's combined with the physician's experience, which is productive of happy results, and the facts I have laid before you will once more remind surgeons that surgery is but armed medicine, neither more nor less.

“Now, what are the precautions which secure success, or at least ren-



der it more frequent. It is, in the first place, the choice of a canula of a diameter superior to that of the glottis; it is the presence of a double tube in the canula, without which it is next to impossible to keep up a free circulation of air; it is the use of a neck-cloth, of good, thick materials obliging the patient to inhale the air from around his jaws, and not a mere piece of thin muslin, incapable, by its interposition, of preventing the formation, in the trachea, of crusts of desiccated mucus, which are there as injurious, as, in the nasal fossæ in coryza; it is keeping up a warm temperature and a proper moistness of the air; it is also important to repeat cauterization of the wound daily for the first three, or four days, a precaution which should not be neglected, as the lips of the incision may become covered with false membranes, which leads to absorption and penetration of the poison into the blood, to gangrene, diffused phlegmonous inflammation, and glandular abscess, consequences much to be apprehended after the application of blisters, and inherent not in tracheotomy, but in croup. I should however add, that even in the adult, independently of croup, the wound of the trachea, frequently becomes intolerably fetid, and absorption takes place; general symptoms of extreme gravity are the result, and I have, in this case, observed that cauterization has at least the advantage of diminishing the frequency of these unfavourable complications.

“Finally, supporting the patients with food is a most excellent measure, and it is of such importance, that, if necessary, nutriment must be administered by force, and the œsophagian tube must be brought into requisition, when croup is followed, as it very frequently is, by paralysis of the pharynx and soft palate.”

In concluding, Mr. Trousseau declared that even the above precautions could not altogether divest tracheotomy of its dangers, but that it will be successful in proportion as these measures will have been better understood and more carefully applied.

After the reporter's speech, Mr. Malgaigne was expected to address the Academy, but he was confined to his room by indisposition, and in a short letter apologized for his absence from the meeting, and merely stated his view of the indications for tracheotomy, and by placing it side by side with Mr. Trousseau's opinion the difference between the two learned gentlemen, will more readily be appreciated.

Mr. Trousseau's formula: “To operate as early as possible, and as soon as false membranes appear in the larynx.”

Mr. Malgaigne's formula: “When false membranes are ascertained to exist in the larynx, first try the other remedial agents, and if they are found unavailing, then, and then only, operate with as little delay as possible.”

“The fundamental difference between the two doctrines, says Mr. Malgaigne in his letter, is therefore that on the first appearance of pseudo-membranous deposits in the larynx, I recommend previous treatment, whereas Mr. Trousseau rejects all medications whatever as unnecessary and injurious; injurious in a twofold manner, in the first place because valuable time is lost, and in the second, because the patient is thus deprived

of a portion of the strength which he requires to undergo the operation.'"

This debate, in which Mr. Bouillaud took no part, except to render more conspicuous the insignificance of the internal remedies recommended by him for the treatment of croup, will probably terminate here. For the present, the subject appears to be exhausted at least in as much as concerns tubing and tracheotomy. With regard to the medicinal treatment of croup, the question remains untouched.

## ART. 5591.

### BIBLIOGRAPHY:

*Recherches sur les fièvres paludéennes, suivies d'études physiologiques et médicales sur la Sologne* (Researches on marsh fevers, followed by physiological and medical studies on Sologne), by Dr. Édouard Burdel, Physician of the hospital of Vierzon (1).

The author of this book, a competent person, since he has long inhabited the country devastated by the scourge, which is the object of his investigations, proves that the febriferous agent to which the name of marsh miasma is generally given, is not constituted by organic matter suspended in the air, but by a peculiar fluid, emanating from the ground, in which is produced a special electro-chemical action, under the influence of solar heat.

With Lancisi, Torti, and all those who have preceded and followed them, Dr. Burdel at first thought that paludal miasma existed in fogs, and like them he said : "If you wish to avoid the scourge, shut your doors and windows, morning and evening, do not allow the damp air to enter your houses, keep in your fire-places a large glowing fire; erect between your dwellings and the marshes insurmountable barriers; if possible, strain the air which is to enter your lungs, etc., etc." Alas! the recommendations were vain, the advice sterile, the number of victims remained undiminished. Mr. Burdel saw people, who left their houses at a late hour in the morning, and who returned home before the sun was below the horizon, undergo the paludal influence; he saw young children, who were prisoners in their rooms, which were not opened till the middle of the day, equally exposed to it. At present, the experience he has acquired, grounded on his observations, induces him to speak very differently, and he says : "Take shelter, when you can, from the heat of the day, avoid remaining long on the ground, go out in preference when the day is declining, taking however all due precautions against colds, and dampness of the atmosphere." By this advice, Mr. Burdel has deprived the scourge of many victims.

Dr. Burdel himself, who has for sixteen years been a resident in Sologne, has constantly preferred exposing himself to the evening and night air rather than to the heat of day, and hitherto he has been spared. At the time the Vierzon railway tunnel was being constructed, it was observed that the men who worked by night were less severely treated than those who laboured in the day.

Mr. Burdel does not, by this, mean to assert that the damp fogs of these countries are exempt from deleterious influence. Their presence and development are, on the contrary, in direct ratio with the phenomena of poisoning from marshes ; but they act merely as causes of colds, and they produce no special effect. A person may travel with impunity, during the night, over marshy countries, provided however he has not previously exposed himself to the febrigenous influence, and is warmly clad ; whereas he, that during the day, has felt this enervating influence, and by any accidental cause, exposes himself to cold, either by day or at night, will be almost inevitably attacked by the fever.

In what the electro-chemical perturbation, on which Dr. Burdel's theory reposes, consists, the author's experiments will inform us. Ozone, or oxygen electrized, being the electrical manifestation of the air, Dr. Burdel has studied the least electrical variations produced in the paludal atmosphere of Sologne with Mr. Schœnbein's ozonometer, and the following is the result of his observations.

Ozone, almost entirely absent or weak during the day, according as the sky is clear or cloudy, is more abundant in the morning at sunrise, and in the evening when the sun is below the horizon. The minimum abundance of this fluid corresponds to the middle of the day. Now, at the time the quantity of ozone is reduced to its minimum the force of vital resistance diminishing in man, a depressing physical or moral cause, a mere taking cold will give rise to the paludal poisoning. For this however the concurrence of certain special geological elements is requisite, and these elements, to be met with in Sologne, and wherever the paludal scourge exists in an endemic state, are Neptunian soils, and especially tertiary soil where clay predominates, either pure or mixed with silex, lime-stone, or grit.

In support of his theory, Dr. Burdel adduces a great number of facts, which demonstrate that it is in reality towards the middle of the day, at the hours at which the temperature has reached its highest degree, that the efficient cause of the fever acts with more energy. Out of 100 persons labouring under fever, 77 felt the first impressions of discomfort announcing the paludal affection between the hours of eleven in the morning and four in the afternoon ; 12 from 7 to 11 o'clock A. M. ; 6 from 4 to 6 o'clock P. M. These investigations were pursued for twelve years, and gave identical results during the months of June, July, August, and September. Mr. Burdel makes a necessary distinction between the paludal impression and the paroxysm. The latter has nothing precise in its first appearance, and has no relation but to the occasional and determining cause, which is the most generally taking cold, a circumstance which explains the frequency of autumnal fevers, and the tendency of the latter to recurrence.



We have seen that the means of preservation from intermittent fevers is completely changed by Mr. Burdel's theory, and the result of his observations; but the treatment and cure remain absolutely the same. Rational or empirical treatment has but one object in view, says he, that of increasing vital resistance; of all the therapeutic agents employed for that purpose, *preparations of quinine*, and *hydropathy*, must be placed in the first rank.

The second part of Mr. Burdel's work is devoted to physiological and medical studies on Sologne, *solum ligneum*, a woody and formerly healthy soil, now barren and waste, but in the bowels of which are felt, thanks to the intelligent efforts of some men, a sort of movement which announces approaching fecundity.

This part of the work we are reviewing, contains charming passages worthy of the most skilful of our novelists. Dr. Burdel, in delineating the poor inhabitant of Sologne, sometimes rises to the highest degree of eloquence and feeling.

With this wretched dull-eyed being, with heavy gait, wrinkled, old at forty-five, Mr. Burdel delights to contrast the young girl of Sologne at the age of five-and-twenty. At that period, says he, at which the uterine functions are established, the woman presents a splendour, ephemeral but truly remarkable, so great and admirable is the power of the Creator, who on the most ungrateful of soils, and in the most unfavourable conditions, gives to the plant its flower with all the charm peculiar to it. The bloom of the woman of Sologne however lasts but a short time, and if, by the delicacy and beauty of her features, she for a moment is superior to the man she marries, the fatigues of maternity, poverty, disease, fatigues of all kinds soon reduce her to the same level, we might say, bring her under the same yoke.

One of the principal causes of the degradation of these less favoured populations, is bad alimentation. "Tell me what you eat, and I will tell you what you are" this witty aphorism of Brillat-Savarin's is not always applicable to man considered as a moral and intellectual being, but it is assuredly true of the workman who devotes himself to the rude labours of husbandry. Dr. Burdel relates that at the time the railway from Orléans to Vierzon was being constructed, the inhabitant of Sologne, living and working, side by side, with the Auvergnat, the Burgundian, the Belgian, and the Irishman, was to him a source of interesting comparison. There the Solognot lived on his copious *soupe maigre*, on bread made of buck-wheat and rye-flour, containing at least one third of ergot and bad grain, on vegetables and white cheese with but little nitrogen. His beverage consisted of a little water acidulated with vinegar, and that taken from the surrounding ponds. Working by the job, as well as his neighbours, he did not succeed in earning more than 16 or 19 pence a day. The Auvergnat, living no less soberly than he, sometimes added to his food, fresh or salt pork, and cheese with more nitrogen. At his meals, he drank a little wine, his wages amounted to half a crown, or 3 s. 3 d. The Belgian and Irish took milk and coffee for their first repast; at the others, they ate meat, potatoes, and bread in small quantities; their be-

verage was wine, or beer, and between their meals, during work, brandy. They earned from 4 to 5 shillings a day.

The first thing to be attempted for the regeneration of Sologne is then, according to Mr. Burdel, to replace poverty by ease and comfort; and when by agricultural improvements, such as the introduction of marl, of drainage, clearance of heath, the land will have been rendered fertile, when canals, railways, roads will have facilitated the conveyance of manure and of the produce of the country, replanting the woods, irrigations, cleansing the rivers will render Sologne healthy, and diminish the ravages of paludal fever.

A great and noble task, which the State alone can undertake; but also a beautiful and glorious conquest, the results of which will be to strengthen, to increase, to enrich a population, which, for centuries, has inspired naught but pity.

## ART. 5592.

## MISCELLANEA.

The following communication, suggested by the repugnancy alleged by Mr. Trousseau to be felt, elsewhere than in Paris, for the operation of tracheotomy, has been forwarded by Mr. Strohl of Strasburgh to the *Union médicale* :

“ 1. Tracheotomy is not altogether banished from Strasburgh; it is occasionally performed in that city, and any opposition it may meet with doubtless originates from superannuated practitioners. Generally real croup is not common in Strasburgh.

“ 2. The operation has taken root and even deep root in Germany. The truth of this assertion is evidenced by the interesting debate, which occurred two months since at the Carlsruhe congress, where tracheotomy became the order of the day, on the occasion of a surgeon exhibiting an instrument which divides the skin and trachea, fixes the trachea, and inserts the canula, all at once. One member only, of all those who were present, raised objections to tracheotomy, but did not altogether reject it; a few recommended it warmly; while others were desirous of limiting its application.

“ The German periodicals contain many articles and cases relating to this operation.”

The instrument alluded to by Mr. Strohl is doubtless an expanding tenaculum, presented to the Academy of Medicine of Paris, in the name of Professor Langenbeck of Berlin, by Mr. Mathieu, surgical instrument maker, in Paris. This hook differs from Mr. Chassaignac's grooved tenaculum in as much as its blade consists of two movable branches, which may at will be parted or joined with each other. This arrangement allows the trachea to be firmly fixed, it supplies guiding marks to the knife, obviates displacement of the lips of the wound, and facilitates the insertion of the canula, which glides into the trachea between the branches of the tenaculum.

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For the articles not signed : H. CHAILLOU,  
Chief Editor.

## ART. 5593.

*Academy of Medicine. Conclusion of the discussion on tubing the glottis and on tracheotomy. — New instrument of prehension in artificial labour. — Local anæsthesia in minor operations.*

The Academy of Medicine has just terminated its discussion on tubing the glottis and on tracheotomy by a vote unfavourable to Dr. Bouchut.

This learned society, however, in adopting an amendment proposed by Dr. Velpeau, and supported by Messrs. Larrey, Cazeaux, Barth, Londe and Gibert, refused its approbation to tubing *as now practised*, but not to the *idea*, which is unblamed, and which will, we hope, survive its present mode of application. We insert in another part of the Journal the speeches delivered at the last meetings of the Academy, and likewise the resolutions, the adoption of which terminated these grave and important debates.

The great prominent fact, resulting from this discussion, is that the figures quoted by Dr. Bouchut against tracheotomy are applicable to this operation, as it was performed before the introduction of the minute precautions alluded to in Dr. Trousseau's second speech (Art. 5590), or to *late* tracheotomy, i. e. to that which is performed *in extremis*.

Under these unfavourable circumstances, mortality from tracheotomy is, as Mr. Bouchut has stated, from 80 to 90 per cent. In the opposite conditions, which serve for the basis of the statistics of the Hospital for Infancy, more or less fortunate series are observed, but on the whole, the average amount of mortality from tracheotomy is reduced to 75 per cent.

Dr. Malgaigne himself, in attacking premature tracheotomy, has shown by peremptory arguments that *early* tracheotomy alone is successful. In this practice, according to the learned academician, lies the secret of the cures effected at the Hospital for Infancy. Dr. Delafond proved, on the other hand, that with the larger animals tracheotomy succeeds



in proportion as it is performed at an earlier period of the disease, and at the beginning of asphyxia. On all sides then a splendid testimony arises in favour of *early* tracheotomy, and this induced Dr. Barth's proposition that tracheotomy, first denominated by its authors themselves *premature*, should henceforth be called *timely*, and that the epithet *late* should be bestowed on tracheotomy performed *in extremis*.

This proper time, this instant of *election*, is that in which asphyxia commences, and which corresponds to the end of the second period, indicated in the letter of the house-surgeons, which, to use Dr. Malgaigne's expression, has become the charter of tracheotomy. The doctrines of the Hospital for Infancy may in reality be now considered those of the Academy, and as they are reduced to precepts in this letter (Art. 5576), we cannot too earnestly recommend our readers to meditate its contents.

It would be superfluous to dwell longer on the questions, which have engrossed so much of public attention. Tubing the glottis has to be further studied, and it is for its author to avenge it for the disdain and the accusations to which it has been exposed. The difference of opinion, manifested relatively to tracheotomy, is more apparent than real. All acknowledge its advantages; none question its perils. Wherever it can be performed early, it has more chances of success than in contrary conditions. This fact is incontestable; but in families it will be difficult to enforce this truth, and there will always be room for the intervention of medical and surgical means, which, in the late discussion, were, in our estimation, utterly sacrificed to the success of tracheotomy.

— The forceps has had, for some time past, many adversaries, whose attacks deserve notice; and in Belgium, the lever tends to rival it in cases of narrowness of the pelvis. An accoucheur of Paris has just substituted for Levret's instrument a new means of prehension, to meet the great diversity of circumstances which so commonly occur in practice.

Dr. Mattei presented to the Academy of Medicine an instrument, to which he has given the euphonic name of

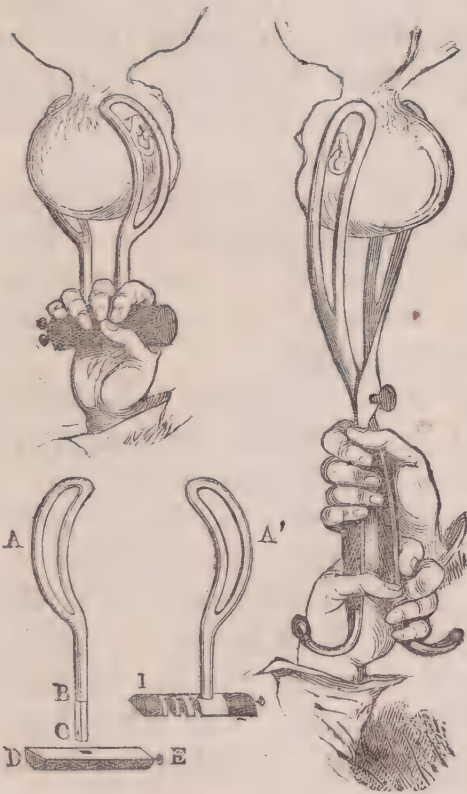
*leniceps*, in contra-distinction to *forceps* (*fortiter capiens*), which implies the idea of pincers acting with a certain degree of energy. According to its author, the *leniceps* seizes with gentleness, without alarming the mother, without doing violence to the child (*leniter capit*). The name, as is seen, corresponds to the object.

“What induces women”, says Mr. Mattei, “frequently to reject the application of the forceps, is the sight of an enormous instrument, such as the ordinary forceps, the thought that they are about to undergo a great operation, in short, the preparations made to place them at the edge of the bed by the aid of three or four persons.”

The *leniceps*, on the contrary, unless the head is above the inlet, may be applied without moving the patient from her bed, and, if necessary, without mentioning it to her and without exposing her person. With a little dexterity, the operation can be begun and concluded without the patient's suspecting that the use of an instrument has been substituted for that of the hand.

The blades of the *leniceps* being but one inch and a half in their greatest breadth, the instrument may be applied with less dilatation of the cervix uteri than the forceps, and consequently, can act more promptly should a speedy termination be deemed desirable.

In the application of the forceps, the blades, by their distance from each other, considerably dilate the parts before the passage of the head, and expose the parturient woman to pain and to laceration. With Mr. Mattei's instrument,



The above engraving represents Dr. Mattei's *leniceps*, comparatively with the forceps. AA' are the blades of the *leniceps*; DEI, its lock; BC, its shaft.

on the contrary, the blades being adapted to the spherical shape of the head, the latter effects the dilatation.

The forceps cannot seize without a degree of pressure in direct proportion to the force of traction. Pressure is prejudicial to the child, and if the blades of the instrument are placed on any other parts than the temples, they tend to give to the head a motion, which may be contrary to natural rotation, or injurious to the descent of the head and its progress through the pelvis. The leniceps, on the contrary, with its immovable blades, pushes the head directly forward, does not impede spontaneous rotation, and if traction is effected during the contraction of the uterus, the instrument acts like the contraction itself, and becomes its powerful auxiliary. In order to render the pressure on the head still softer, the blades might be covered with India rubber, leather, or any other soft substance.

The leniceps is applicable to all cases in which various forcepses are employed. Mr. Mattei has applied it with equal success in the outlet, the true pelvis, and the inlet, and even in cases of deformity of the pelvis, which scarcely admitted of the passage of a living child.

The two blades joining on a common transversal handle, traction is easier and more efficient than with the forceps. With the latter, says Mr. Mattei, a part of the force of traction is exhausted in pressure; the power of the instrument is exerted far from the head and near its own axis, all which are unfavourable conditions, and the reverse of those of the leniceps. Both hands are indispensable to draw the forceps, whereas one is, in most cases, sufficient for the new instrument. The other hand may be utilised for effecting counter-extension, or for other purposes.

When the head has but the soft parts of the perineum and of the vulva to pass, and when progression must be arrested to avoid laceration, the leniceps checks it more efficaciously than the forceps.

Each blade of this instrument can serve as a lever; its handle can bear hooks, perforators, or other instruments requisite in instrumental labour, and for the treatment of diseases of the womb.



The following are some of the rules the author lays down for the application of the instrument.

When the accouchement happens at its full time, and the vertex presents if, about three hours after the discharge of the liquor amnii, the contraction of the uterus has been insufficient for expulsion, recourse should be had to the *leniceps*.

The indication being recognized, it is unnecessary to acquaint the patient with it. The instrument should be warmed in the hand; the vaginal mucus is generally sufficient to lubricate it, and when the pain begins, it should be introduced. The accoucheur should place himself at the patient's right side for the insertion of the left blade, and *vice versa*.

If the handle of the first blade should impede the passage of the second, it must be withdrawn, and subsequently reinserted. The blades should be pushed in as high as possible before they are locked, and the satisfactory position of the instrument is ascertained by the facility with which this has been accomplished. The size of the head immediately indicates the notch at which the handles are to be joined.

When the woman is not apprized of the operation, all these manipulations are performed during a pain; in the contrary case, they must be accomplished when the pain has ceased; but traction must be performed, in all cases, during uterine contraction only. The effort must be gradual and attended with no violence; it is merely an assistance to the natural contractions. If the pelvis is not high enough for the traction to be performed by a backward motion of the handle of the instrument, the seat must be raised by means of folded sheets, or the patient placed on the edge of the bed. Rotation is made at the same time with the traction; in short, the head is detained as soon as it reaches the vulva, in order to leave the parts time for dilatation. It is then raised in front of the symphysis pubis in preference to being drawn downward and forward, or in accordance with the usual rules for extraction.

A committee, of which Dr. Depaul is a member, will appreciate the value of this instrument, which, from the experience of the author, would appear likely to be eminently successful.

— Local anæsthesia is still the order of the day. What enormous assistance would not the surgeon derive from an innocuous anæsthesia, docile to his will, applicable to all, confounding its action with that of the instrument, and exercising its influence merely where the latter produces pain !

Mr. A. Claisse, of Saint-Valérien, has recently brought forward a new local anæsthetic agent he has employed for some years, and which, he asserts, allows him to extract teeth, to open whitlows, and to perform other minor operations without the patients' feeling the least sensation of pain.

Mr. Claisse introduces into a small phial some pulverized camphor in the proportion of one third of the capacity of the recipient, and he fills the latter with sulphuric ether. He lightly applies this solution with a small sponge, attached to a piece of whalebone, and for about a minute, either to the gum or any other part on which the bistoury is intended to act, and then he proceeds to operate. In circumstances in which patients raise any objection, experience has taught Mr. Claisse that it is better to repeat the friction.

But the anæsthesia which, since Mr. J. B. Francis's discovery, has occupied most attention, is galvanic anæsthesia. A skilful dentist of Paris, Mr. George, read on this subject, to the Academy of Medicine, a communication from which we deem it useful to extract the following passages :

“ At present,” says Mr. George, “ I believe, I can point out the two conditions in which a remarkable diminution of pain may be obtained :

“ 1. *Conditions concerning the present state of the tooth.* — As a general rule, insensibility is more certainly attained when the tooth is sounder, more indolent, easier for the forceps to seize, without inflammation of the gum, than in the contrary cases ; thus, for instance, when inflammation, swelling, abscess are present, or when the tooth affords little hold to the instrument, the pain of extraction has appeared to me rather increased than diminished by galvanism.

“ 2. *Conditions relative to the operating process.* — The circumstances I am about to describe also exercise much influence on the effect to be obtained. The following are those I observe : First I employ the apparatus of Dr. Duchenne of Boulogne, which appears to me the most advantageous.

“ The generator is placed under the operating chair; and, instead of ordinary conductors, I have adapted to the arm of the chair and within reach of the patient's left hand a plate of copper in communication with the positive pole by means of the conductor. The negative pole being conveyed by a second wire to the metal of the forceps.

“ A small regulating tube, rising to the height of the back of the chair, easily allows the operator to graduate the force of the current required.

“ In this state of things, the patient takes his seat on the arm-chair without seeing anything of the apparatus; I request him to lay his hand on the copper-plate, and, putting the forceps into his right hand, I ascertain the presence of the current, and thus obtain the necessary degree of faradisation.

“ The patient then removes his hand from the copper-plate, and I take the forceps from his other hand, and I apply it to the tooth.

“ When the tooth is properly seized, and ready for extraction, I request the patient to lay his hand again on the plate, and the current is established. As soon as I am certain of this fact, I effect the avulsion, which takes place almost instantaneously.

“ When the foregoing conditions have been punctually complied with, the pain has almost always appeared to me considerably lessened, if even complete local anæsthesia has not been obtained.

“ The doubts, which have been expressed, in the discussion, on this insensibility may, in my estimation, have arisen from two causes : 1. the use of Garangeot's key, the metal of which very incompletely touches the tooth; the forceps, which embraces a larger surface of the outside must give a greater and surer galvanizing effect; 2. the operator may have proceeded to the extraction at the time of one of those frequent intermittences of the electric current, to which the very best instruments are liable.”

Another highly interesting communication has been made to the same learned society by Mr. Morel-Lavallée, surgeon of the Hospital Saint-Antoine.

Mr. Morel-Lavallée has stated that, in sixteen cases, he has extracted teeth without pain, by causing an electric current to pass through the forceps in use in England. In operations with the knife, the results have not been less successful. This surgeon has made five tolerably extensive incisions, and in cases in which the action of the bistoury is usually the most painful, such as phlegmon of the axilla, whitlows and in an abscess inflamed by the presence of a piece of mortified bone.

To proceed to the avulsion of teeth, Mr. Morel-Lavallée availed himself of the assistance of Mr. Bygrave, who, like the greater part of his fellow-practitioners in renown in Paris, has completely abandoned Garangeot's key, an in-



strument which always bruises the gum and often fractures the alveolus. Mr. Bygrave uses a forceps of variable shape and dimension, according to the tooth to be removed. This forceps has another advantage in the experiments, now under review. As Mr. George states in his communication to the Academy, it embraces the crown by a large surface, and thus admits of a more complete diffusion of the current over the decayed tooth.

Mr. Morel-Lavallée had at his disposal Messrs. Morin and Legendre's apparatus of induction, and he proceeded to the operation in the following manner :

The patient held in his hand one of the conductors, the other wire being attached to the forceps which was to be used. Mr. Bygrave then seized the decayed tooth and the apparatus began to work ; the inductive currents of the first and second order had been united, and the force regulated so as to produce shocks of moderate intensity, easily borne by any one (the graduator being raised to about half its height). The operator received them in the first place, for with one hand he held his forceps, and with the other he put himself in communication with the subject for the necessities of the operation, but they were so weak as not to diminish the promptitude and certainty of the operation. He found it easy at a later period to isolate himself by the aid of a silk glove or of a silk handkerchief spread over the patient's head.

To perform incisions, Mr. Morel-Lavallée first placed one of the conductors in the patient's hand, the other being in communication with his bistoury. But later, having to open an abscess, he contented himself with applying the two conductors to the extremities of the diameter of the tumour, and the incision was performed without the patient being conscious of any pain.

These experiments gave rise to others, and Dr. Fonssagrives of Cherbourg communicated to the Academy of Medicine results which fully confirm those already obtained by the skilful surgeon of the Hospital Saint-Antoine.

A very large whitlow on the thumb, five ulcerated syphilitic buboes, requiring extensive incisions, necessitated operations which, under the influence of Faraday's electrification, caused no other impression than the vibratory

formication induced by the recomposition of the currents in the tissues.

From his experiments, Dr. Fonssagrives does not entertain any doubt that, for unimportant operations, a sufficient local anæsthesia may be obtained with the assistance of Messrs. Legendre and Morin's apparatus, and that this process will become a kind of current coin in the practice of minor surgery.

Recently a surgeon, whom we quoted in our last number, on the subject of the cauterization of encysted tumours, Mr. Alphonse Amussat, performed, in our presence, a very serious operation of fistula in ano, and, thanks to the intervention of electricity, the patient suffered no pain.

This sinus, the origin of which may be traced as far back as the month of March 1857, was consequent on a voluminous phlegmon of the margin of the anus; it bifurcated in its upper part into a double tract, the principal division of which, opened into the rectum at a height of half an inch, and the lower orifice, common to the two divisions, was situated on the perineum at half an inch from the circumference of the anus. The length of the part to be divided was consequently about sixteen lines, and comprised a rather considerable thickness of tissues.

The patient being suitably placed on a tressel-bed, Mr. Amussat introduced into the sinus communicating with the rectum a box-wood conductor, the extremity of which he caused to protrude outward; and things being thus arranged and the apparatus ready, the surgeon proceeded to the operation in the following manner: the extremity of one of the wires of the pile was applied to and kept in contact with the left buttock by an assistant, and the operator, with the bistoury fixed to the end of the other conductor, slowly divided the tissues, following the groove of the wooden probe.

We do not intend to speak of the consequences of the operation, which were regular and satisfactory; but what is important to state is that the patient, a very intelligent man, perfectly able to analyse his sensations, asserted with an expression of countenance, which betrayed agreeable surprise, that he had felt naught but a moderate heat

with a weak vibration and slight local numbness, altogether so undeserving of the name of pain that the impression he felt during the section was less unpleasant than that produced by the introduction of the wooden instrument (1).

Now, whether in cases of this description, immunity from pain is due to anæsthesia, local asphyxia, analogous to concussion, or mere revulsion, it is unimportant if the patient is free from suffering. Let us leave to physiologists the task of solving these questions, and let us rest content with merely collecting the facts best calculated to prove the practical utility of the new discovery, for which we are indebted to America.

## ART. 5594.

## HOTEL-DIEU.

( Professor Trousseau's wards. )

*A summary of the means of treatment most conducive to the success of tracheotomy.*

In an early Number we shall speak of the antecedent treatment of croup, of those purely medical measures which should be resorted to, before the absolute necessity for tracheotomy is clearly indicated by incipient asphyxia of a permanent character. For the present, we shall, in order to conclude the subject of tracheotomy properly so called, reproduce a lecture of Mr. Trousseau's, in which the Professor expatiated on the treatment which ought to be instituted subsequently to the operation, his remarks being

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(1) Mr. Amussat used Mr. Grenet's apparatus, composed of two elements (zinc and charcoal); it is the most powerful in proportion to its size, which has been used in surgery, and measures eight cubic inches. To be put in activity, it must be plunged three fourths in a bath of water acidulated with sulphuric acid and containing a quantity of bichromate of potash sufficient for the solution to present the scarlet colour of blood. By means of bellows adapted to the end of an India rubber tube, which penetrates into the interior of the apparatus, air is conveyed into the liquid and the production of electricity is augmented.



suggested by the cases of two children, who, having been admitted into the wards in a state of confirmed asphyxia, were operated on and were dismissed perfectly cured.

Tracheotomy even badly performed, but followed by judicious measures, results in a cure in one third of the cases ; tracheotomy performed by the most dexterous surgeon, but subsequently abandoned to nature, or treated without the adoption of certain peculiar precautions, invariably terminates in death.

Up to the year 1839, Mr. Trousseau, in imitation of Mr. Bretonneau, was in the habit of instilling caustic solutions into the air-passages, through the aperture in the trachea, or applied the sponge to all the parts which he supposed to be affected with diphtheria ; but since Mr. Gerdy and Mr. A. Bérard succeeded in curing the disease without having recourse to this method, he likewise has abandoned it. Although local applications of this description to the mucous membrane are inexpedient, the surgeon must not neglect one small precaution relating to the wound. Formerly, Mr. Trousseau left it uncovered, or dressed its surface merely with a small piece of lint covered with cerate. This measure was insufficient. The wound was soon invaded by the pseudo-membranous secretion, inflammation of a malignant character used to set in, and occasionally even mortification was observed. Mr. Trousseau now protects the lint with a round of court-plaster, perforated in the middle, in order to prevent the rings of the silver tube from injuring the wound.

The canula having been inserted, the trachea lies beneath it at a depth of about four lines : this distance is twice as great on the second day, and, on the third day, in consequence of the tumefaction of the parts, it increases to 15 and 18 lines ; hence the necessity for a long tube, which twenty-four hours after the operation should be tightly fixed with strings, although, during the first day, the constriction may be moderate. The canula being thus attached, the child's neck should be surrounded by a gauze or muslin neckcloth, and preferably a knit woollen wrapper, through the loose and numerous folds of which the air is strained, thus establishing for the patient's benefit a constantly warm and moist atmosphere, not to be obtained from steam-

ing, a method open to the further objection of being impracticable amongst the poor. Mr. Trousseau is convinced that but for this neckcloth he should be far less successful, and considers the humid sponge recommended by Mr. Gerdy an inadequate substitute for this appliance. When, sixteen years since, the professor abandoned the practice of steaming for the use of the woollen comforter, he was much gratified to find a considerable increase in the numbers of successful cases. The mucous secretions of the trachea were no longer found to dry up and to form hard plugs, which the cough propelled into the canula, thus obstructing its cavity. The neck-cloth also obviates the unpleasant necessity of clearing the passages with a sponge attached to a piece of whalebone, a practice which Mr. Trousseau now, except in particular cases, altogether dispenses with. When the sputa, having become too viscid, are detached with difficulty, it is sufficient to instil through the canula half a tea-spoonful of cold or tepid water, in order to moisten the mucus and promote its expulsion. The cravat further presents the immense advantage of obviating pneumonia, a too frequent consequence of the sudden penetration, immediately after the operation, of cold, dry air into the respiratory organs.

The precautionary cauterization of the wound, which Mr. Malgaigne most sharply criticized in the course of the academical discussion, is, in Mr. Trousseau's estimation, equally important, with the use of the neck-cloth, if indeed it is not more so. Thus, in less than forty-eight hours after the operation, the wound is frequently covered with pseudo-membranous deposits, and if this accident is not very carefully attended to, a fearful absorption takes place and the child in reality dies of his wound. With a view to avert this too common complication, Mr. Trousseau never omits, on the very next day after tracheotomy, to cauterize the wound vigorously, roughly even, and inserts the lunar caustic between the canula and the tissues which it is his object to modify. Towards the fourth day, these textures become mundified and their surface assumes a clean aspect and a roseate hue.

So much does the professor dread diphtheria that he likewise watches with most minute attention the smallest

ulcerations which may appear, and, when the least erosion of the skin is observed, he causes it to be dressed with one of the following ointments :

1. *R.* Hydrarg. ammonio-chloridi. 15 gr.  
Adipis. . . . . 4 dr.
2. *R.* Plumbi acetatis. . . . .  $1\frac{1}{2}$  scr.  
Adipis . . . . . 1 oz.

If these local applications are unsuccessful, he cauterizes twice or thrice daily, with the solid nitrate of silver.

The topical treatment should, *a fortiori*, be instituted whenever the lamentable and too general practice of blistering has been previously resorted to, a method as dangerous as it is useless. The propagation of false membranes to the larynx can, according to Mr. Trousseau, be arrested by no kind of counter-irritation, and blisters especially can in croup have no beneficial action whatever. They neither check nor prevent the development of false membranes, and afterwards, their surface being invaded by diphtheria, the chances of morbid absorption are much increased. Should this untoward event take place, generalized diphtheria is the consequence, and the child dies from the blister, as previously we found him perish from the results of the uncicatrized wound. "Never, therefore, blister in croup," said Mr. Trousseau, "in croup, blisters should be for the practitioner a *delenda Carthago*." Should this precept have been neglected, and should the perilous ulceration of the dermis alluded to be present, here, as in all cases of excoriation the surgeon must interfere with caustics, the wound should be touched twice or three times a day with solid nitrate of silver, it should be dressed with cerate mixed with white precipitate or ratanhia, and powdered with calomel or white precipitate and sugar. If calomel be used, however, it is necessary to pay great attention that no salivation ensues, particularly when the child has already taken mercurial preparations.

In a case of diphtheritic ulceration of the back, Mr. Trousseau cauterized in the first place with muriatic acid; he then sprinkled the wound with calomel mixed with sugar, and finally applied a poultice for the purpose



of mitigating the pain. This treatment was persevered in for several days, and was crowned with success.

Diphtheria being thus prevented or resisted in its attempts to become general, other cares claim the physician's attention, and one of the first is the question of nutriment.

Diphtheria acts upon the system in the same manner as poisons; it produces so considerable an amount of prostration that, if persons attacked by the disease are not supported by food, they sink and soon die : hence the express indication of giving nourishment to patients who have undergone tracheotomy, even should they be feverish or suffering from specific pneumonia. This question frequently presents much difficulty : deglutition is interfered with by the presence of the metallic tube and, becoming painful, causes the children to refuse food with obstinacy. "On this point," said Mr. Trousseau, "the practitioner should never yield, and, in spite of feverishness, pneumonia or any other complication whatever, he should insist upon the exhibition of milk, weak soups, eggs beat up, chocolate or custards. Gratify, if you will, the caprices of the patients or of their friends, by granting permission to give various kinds of fancy meals : this is a matter of indifference ; but it is all-important that the patient who has been operated upon should take nutriment, and even, if it has to be forced down, the child must eat at all hazards. It is by compelling children to take nourishment, often by threats, that Mr. Trousseau has succeeded in rescuing some, who, otherwise must inevitably have perished.

We just mentioned pneumonia ; it is not of uncommon occurrence, and may be subdued by dry cupping, oxyde of antimony and the extract or syrup of digitalis.

The tendency of certain patients to swallow the wrong way, even when the canula has been withdrawn, constitutes another very unpleasant complication. Drinks pass into the larynx, return by the nasal fossæ, and occasion troublesome fits of coughing, distaste for food and pain. Children in this state pine away and sometimes even die of inanition, a sad termination which may be averted by two kinds of measures : in the first place, for liquid food should be substituted thick and adhesive substances, which can be eaten with a fork, bread soups, or broth with unbroken

vermicelli or macaroni. Children, who were previously starving from the impossibility of swallowing liquid nourishment with any degree of comfort, have been wonderfully restored to life by this apparently trivial precaution. If this plan proves unsuccessful, an India rubber tube should be passed into the œsophagus, through the nostril, so as to permit the introduction into the stomach of broth, milk, light soups, until such time as deglutition may again be accomplished naturally.

It is a matter of great difficulty to indicate at what precise time the canula should be withdrawn. Mr. Trousseau generally removes it at the end of three days; he then closes the wound with cotton, examines if the larynx is pervious to air, and, if not, he replaces the instrument. The wound, after the fourth day, remains for a long time wide open; if the patient breathes with facility, whilst its edges are brought together, they should be united with a strip of court-plaster, the neck covered with a small linen roller, and the child closely watched for an hour or two. The metallic tube cannot be suppressed till after several such successive experiments. When the surgeon has ascertained that respiration is not interfered with, he should dress the wound for a few days with lint and simple cerate, and there the matter ends.

In some exceptional cases it has been impossible to remove the canula so speedily. In one instance, Mr. Trousseau was compelled to leave it so late as the forty-fourth day. One child, at the Hospital for Infancy, kept the tube seven months, and another, who still bears a fistulous aperture communicating with the trachea, wore the canula five years. In diphtheritic angina, the tube is generally withdrawn from the sixth to the ninth day; sometimes as early as the fourth, seldom later than the eleventh: such is the rule.

It occasionally happens that, from the accumulation of plastic deposits within the larynx, respiration through the natural passages is tardily reestablished; probing the larynx is the remedy (1). In other instances, breathing is again

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(1) Mr. Guersant uses for the purpose a small cotton tent, about two

accomplished in a normal manner, and yet the orifice does not heal. Mr. Blache ascertained in several patients that this circumstance results from the presence of specific pneumonia, a complication however not very alarming, inasmuch as one half of the cases recover even when both lungs have been simultaneously affected.

## ART. 5595.

## HOTEL-DIEU.

(Mr. Robert's wards.)

*Hematocèle of the bursa over the trochanter major. — Epiplocele simulating a cyst. — Blind internal fistula, long mistaken for fissure, and detected with the assistance of the speculum ani.*

The late Professor Marjolin used in his lectures to point out instances of incorrect diagnosis, and he never hesitated to state ingenuously cases in which he had himself committed mistakes, in order that they might serve to throw light upon obscure points of science, and supply practitioners with the means of avoiding the errors into which he had himself fallen. Mr. Robert follows Marjolin's example, and he recently called the attention of his hearers to several cases, which have appeared to us not destitute of interest.

A shop-woman aged thirty, habitually exposed to damp, had experienced four months previously, without any known cause, a deep-seated pain in the hip, extending towards the knee and causing her to walk with difficulty. Somewhat later, an abscess formed at the upper and external part of the thigh, and was converted into a sinus.

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inches in length, secured outwardly by a string, and forced upwards through the larynx by means of a caoutchouc catheter inserted in the wound and issuing through the mouth. On the string being drawn out, slight resistance is experienced, and if any false membranes be present, they are extracted with the pledget.

H. C.



The patient, on being admitted into hospital, was carefully examined; the source of the suppuration and the origin of the complaint were attentively sought for. The hip-joint was evidently not concerned; but some tumefaction existed in the thigh, and, on pressure, a certain amount of pain was detected in the region corresponding to the trochanter major; puriform sanies issued from two fistular apertures, and when a probe was inserted into the sinuses, it struck upon a rough, uneven, hard and crepitating surface, or penetrated deeply, as into the softened substance of a bone. These various circumstances, taken in conjunction with the spongy structure of the superior extremity of the femur, and with the unfavourable hygienic conditions in which this woman, who was of a lymphatic temperament, had been placed, induced Mr. Robert to assert the presence of caries of the outer aspect of the trochanter major, communicating with the bursa, which facilitates the movements of the tendon of the gluteus maximus upon the bone.

Mr. Robert therefore determined upon exposing the greater trochanter, and remove the local damage by means of the rasp and the actual cautery. Anæsthesia having been induced by the inhalation of chloroform, the surgeon divided the skin, fascia and bursa, by a curved incision which might admit of easy access to the surface of the bone. In order to ascertain the condition of the latter, he inserted his finger, and within the bursa he encountered a hard, woody concretion, two large fragments of which he extracted, together with a large number of smaller pieces; the finger was again introduced and the bone was found to be in a perfectly healthy condition. Mr. Robin examined these productions with the microscope, and stated them to consist of fibrin combined with pus-corpuscles. This fibrin owed its origin to blood extravasated within the bursa; the fluid portion had been absorbed, whilst the coagulated fibrin had acquired the hardness and rough aspect of carious bone.

Hematocele of the bursa of the trochanter major is not of frequent occurrence, and most fortunately, in the present case, the error of diagnosis led to no consequences injurious to the patient. It proved, on the contrary, ad-

vantageous, inasmuch as the plastic nuclei were really foreign bodies keeping up suppuration, and their removal reduced the disease to the humbler proportions of a mere cyst, which was speedily cured without much difficulty by a few iodine injections.

—Hernia of the omentum belongs to a class of tumours of difficult diagnosis, and which, even at present, are sometimes liable to give rise to error. An instance in point, interesting in more than one respect, was lately observed in Mr. Robert's wards.

An apothecary's assistant bore in the groin a tumour, which appeared to be a hernia, and for a long time easily returned into the abdomen; for three months, however, the protrusion had ceased to be reducible, and some pain was experienced, although no disturbance of the digestive functions was observed. The case was clearly not one of strangulated hernia, but it might be epiplocele. When omental hernia cannot easily be returned into the abdominal cavity, adhesions form with the ring, and if inflammation sets in, it does not assume the character of common incarceration; the tumour is large, but moderately tender, and the absence of general symptoms may induce the belief in the existence of a cyst. This is precisely what occurred in the case referred to. Mr. Verneuil, who had charge of Mr. Robert's wards during his temporary absence, considered himself justified in asserting the tumour to be a cyst. The symptoms, however, not being of an urgent character, the surgeon gained time, recommended rest, emollient applications, and, under the influence of this treatment, the swelling lost its turgidness and became fluctuant. A hard, uneven mass was distinctly detected in the serous fluid contained in the sac; subsequently, this liquid was absorbed, leaving a simple omental hernia.

It is not, in such cases, necessary to interfere in a very active manner, although something may be done. It is proper to apply permanent pressure upon the protrusion by means of a truss with concave pads. Mr. Robert has met with eight or ten cases of this description in which this kind of compression was productive of the most satisfac-

tory results. The protrusion diminished in size, the adhesions gradually yielded and the tumour returned into the peritoneal cavity, dragging with it the sac, in the same manner as in the reduction *en masse* of the intestinal protrusionstrangulated by the neck of the hernial sac. Mr. Robert has observed tumors of this sort, of the size of the fist, become the seat of inflammation which yielded to leeching, poulticing and baths, and when the acute symptoms had given way, the tumors returned completely into the abdomen under the influence of permanent pressure.

Recently again, Mr. Robert met with a very remarkable case of undetected omental hernia, which disappeared in a comparatively short time by compression.

The wife of an eminent Paris barrister had borne, for many years, in the inguinal region, a tumour of the size of a wall-nut, which was irreducible, and had hitherto caused but slight inconvenience. Mr. Robert, whose advice was sought, recognized an omental hernia, and recommended the use of a truss. The patient smiled and observed that Mr. Robert's opinion was not in concordance with that of other very distinguished surgeons, who had stated the tumour to be a serous cyst. After further examination, Mr. Robert persisted nevertheless in the view he had taken. He objected to the operation which his colleagues had proposed, and remarked that pressure could not be injurious even admitting the presence of a cyst, whereas the operation, which was in no wise urgent, might be attended with danger if the tumour, as he believed, was constituted by an omental hernia. Indeed, J. L. Petit states that, to his knowledge, fatal peritonitis had supervened consequently upon operations performed on herniæ not in a state of strangulation. The patient, a highly intelligent woman, yielding to Mr. Robert's arguments, applied a truss with a concave pad, and two months later was perfectly cured.

In the patient, who suggested the above remarks, the inguinal protrusion had acquired the size of an apricot. It is now much less considerable; fluctuation has ceased to be perceptible, and it will, doubtless, soon disappear altogether. To attain this desirable end, it will, however, be necessary for the patient to fill up gradually the cavity



of the pad, so that it may adapt itself with precision to the daily decreasing size of the tumour. This can be easily done by placing in the hollow of the pad thin agaric laminæ, in order to accommodate it to the shrinking of the epiplocele. The compression must also be permanent. In reducible hernia, the truss is generally removed at night; but, in the cases here alluded to, the bandage must be worn night and day. Cold and over-exertion also exercising an unfavourable influence upon the tumour, and possibly reproducing a fresh inflammation of the sac and the consequent serous suffusion, Mr. Robert insists upon the adoption of all the precautions calculated to obviate symptoms by which the ultimate cure might be retarded.

— We will not quit the subject of surgical errors without adverting to a case of blind internal fistula, which, for upwards of twelve months, was treated by several eminent surgeons as fissure of the anus, and was used by Mr. Robert as an apt illustration of the advantages to be derived from the SPECULUM ANI.

“ In diseases pertaining to the lower extremity of the rectum “, said the lecturer, “ grievous errors may result from exploration with the finger only. It is here as with the vagina, and the means of diagnosis employed for the one should also be resorted to for the other. Thus, some strictures of the rectum, polypi, and blind internal sinuses can neither be properly judged of, or treated without the help of a peculiar kind of speculum.” Barthelemy, of Saumur, was the first to use a conical speculum with a lateral opening, for the purpose of ocular inspection of the anus. In his practice, M. Robert has adopted a small speculum with a staff and three movable valves, by the removal of one of which a sufficient extent of the mucous membrane can be exposed to admit of polypi, vegetations, strictures or incomplete sinuses being viewed, and treated by the knife or escharotics.

Twelve years since, Mr. Robert was requested by Mr. Barthelemy to visit a colonel, who, three months previously, had undergone the operation for fistula, and who still continued to suffer from a discharge of obscure origin. Mr. Robert inserted his finger into the intestine, and met

with a fold of the mucous membrane; the speculum was introduced and the cause of the continued discharge was at once apparent, and was found to consist in a slight detachment of the mucous lining, lying above the course of the old sinus. He immediately divided the membrane, cauterized the part with nitrate of silver and caustic potash, and thus removed the disease.

At the Hôtel-Dieu, the same instrument was equally serviceable in the case of a railway-labourer. Eighteen months ago, this man had experienced some pain in front of the coccyx, and somewhat later he passed a small quantity of blood with a motion. He was examined by several surgeons, some of whom are attached to the hospitals; their opinion was that the case was one of fissure of the anus; and the disease was unsuccessfully treated with belladonna, tents and krameria injections. The patient was in despair from the fear that the continuance of his illness might cause his dismissal, and, as a last resource, he applied for admission into Mr. Robert's wards. This surgeon found on examination that pressure at the back of, and immediately above the sphincter, was productive of intense pain, as if a fissure really existed in that region; this circumstance, united with the fact that the patient suffered much distress with his motions and passed a little blood, encouraged the supposition. The speculum was then substituted for the finger, so as to expose the back part of the rectum, and a small red spot, resembling granulation was detected. Mr. Robert then, with a hooked silver conductor, penetrated into a cavity seven or eight lines in depth, which proved to be a suppurating *cul de sac* with a fistular orifice. The history of the patient was thus clearly elucidated. At the beginning, limited phlegmonous inflammation had occurred immediately above the sphincter; a purulent discharge had followed, but the stagnation of the pus interfered with the healing process, and produced an amount of irritation which, united with that resulting from the introduction of fecal matter, prolonged the disease interminably.

Mr. Robert did not postpone his interference until the completion of the tract from the occurrence of an abscess of the margin of the anus. The impediment to cicatriza-

tion being the narrowness and the elevation of the orifice compared with the bottom of the blind sinus, it was requisite to enlarge this aperture downwards, and subsequently keep the lips of the wound apart by the introduction of dossils of lint. Here again much assistance was derived from the speculum. The operation was performed in such a manner that each detail was distinctly viewed, and with one sweep of the knife the blind sinus was converted into a complete fistula.

The patient being of a very irritable temperament, suffered much inconvenience from the tents; they occasioned diarrhœa and had to be abandoned for a time. In spite of this delay, the wound progressed favourably, and now, after fifteen months of physical and moral suffering, contended with in vain by excellent surgeons, the disease, thanks to ocular exploration, has been completely removed.

#### ART. 5596.

*Remarks on the treatment of gonorrhœa in man. Indications and counter-indications of surgical interference (1).*

Gonorrhœa being one of those diseases which are susceptible of spontaneous cure, we should first examine whether medical interference is advantageous and if it may not possibly prove injurious.

The following is our summary reply to these questions :

It would be an easy task to show that some of the remedial agents recommended in the treatment of gonorrhœa are injurious when indiscriminately applied. It would be sufficient for the purpose to refer to the use of caustic injections during the period of status of purulent inflammation of the urethra. Whoever is ignorant that, in this case, the injections alluded to constitute the most injurious as

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(1) Vide Art. 5587.



well as the worst medication can never have prescribed them.

As to the utility of medical interference (almost questioned by Hunter), it is undoubted in the opinion of all those who have observed a certain number of cases of gonorrhœa, and more especially of whoever has tested the *hygienic* or expectant method. Some years since (1852, 1853), we applied this latter system in a large number of cases at our private dispensary, and the unsatisfactory results which we obtained confirmed us in the opinion that expectation should by no means be adopted as a rule in the treatment of purulent urethritis.

When properly instituted, the treatment of gonorrhœa proves efficacious at all *stages* of the disease, but its utility is more particularly evident at the extreme periods of purulent inflammation of the urethra, at its outset and its decline. If applied at the very beginning of urethritis, it may without question conquer the malady in very many instances. At the period of decline, medical interference materially assists in the suppression of the discharge, and diminishes the tendency of the latter to become chronic. Lastly, when it is directed against the symptoms of the period of status, it diminishes their violence and shortens its duration.

The curative treatment of gonorrhœa also suggests another order of inquiry, as to its influence upon the production of epididymitis and stricture.

Our observations lead us to the belief that gonorrhœal epididymitis seldom shows itself earlier than the fifth or sixth week from the beginning of purulent urethritis. To cure gonorrhœa within that limit of time, therefore, constitutes the best preventive treatment of that untoward complication. With regard to strictures, inquiry from persons labouring under this *infirmity* will be sufficient to prove that it chiefly results from gonorrhœa which has run beyond its usual duration.

To check the disease, and thus prevent it from becoming chronic; to obviate its complications and the organic changes resulting from its protracted continuance, such are the objects to be kept in view, and which are attainable in the treatment of purulent urethritis, a treatment based

upon this important pathological view, namely that gonorrhœa is a local disease, the prolongation of which can only prove injurious to the patient.

Before entering into a description of the treatment in a case of gonorrhœa, we mentioned in our first communication that two things required consideration : the *form* of the complaint and the *period* it has reached at the time of medical interference. We shall therefore indicate in the first place, in a cursory manner, the various medications applicable to each separate form of purulent urethritis, and, in the second, those we deem best suited to its several periods.

*In painful or inflammatory gonorrhœa*, antiphlogistic remedies, both local and general, are unquestionably the most proper, so long as the symptoms preserve their acute character. Caustic and stimulant injections are formally counter-indicated. Balsamics (cubebæ, copaiva) and astringent injections are more injurious than useful.

When pain during the excretion of urine and erection has ceased to be present, when the congestion of the parts has yielded, injections and balsamics should not be at once prescribed, *if the discharge continues abundant and puriform*. Irritating or caustic injections (with nitrate of silver) almost invariably cause a relapse into the acute state, and occasion an undesirable postponement of the ultimate cure. Astringent injections, if strong, produce the same unfavourable result, if weak, prove quite inadequate, and, instead of promoting, interfere with the gradual decline or resolution of the local inflammation. At this period, the exhibition of balsamics would still be unseasonable. The most expedient course seems to be perseverance in the use of antiphlogistic remedies, and expectation. On the other hand, if, after the acute symptoms have been subdued, the discharge is moderately abundant, and especially if it is thinner, less purulent, a not uncommon event, weak astringent injections, e. g.

Zinci sulphatis. . . . .	6 gr.
Aq. destill. . . . .	3 oz.

and small frequently repeated doses of balsamic sub-

stances are extremely beneficial. The possibility of a return of the acute condition must, however, be borne in mind, and these agents should be abandoned if pain reappears during the excretion of urine.

In the treatment of this form of gonorrhœa, the danger chiefly lies in the *premature exhibition* of balsamics and astringent injections. After many unsuccessful attempts to lessen the duration of puriform, inflammatory urethritis, the conviction has forced itself upon our mind, that the *old method*, consisting in perseverance in the use of antiphlogistic remedies (baths, diluent beverages, etc.) and a tardy resort to weak astringents, or moderate doses of cubebs and copaiva, is the course of treatment productive of the most satisfactory results.

*In sub-acute or indolent gonorrhœa* (which we frequently meet with, and which, if we are to judge from our personal experience, seems to be more common than formerly), antiphlogistics are unnecessary, and, tending to promote the secretion of pus, may be injurious.

In this form of the disease, two kinds of medication may be advantageously resorted to : the irritant or substituting method, and the astringent method. As in inflammatory gonorrhœa, so at the decline of urethritis, balsamics will be found most efficacious ; previously to this period, they are not injurious if prescribed at the time when irritant injections are opportune, but their utility is inconsiderable.

Caustic or irritant injections are especially proper when the excretion of urine is neither attended nor followed by any pain, and when the discharge is of long standing and highly puriform.

Astringent injections are chiefly advisable during the decline of the disease, i. e. when the discharge is moderately abundant and lactescent.

If these injections fail, after five or six days, in checking the morbid secretion, we prescribe balsamics in addition, and sometimes, when the discharge is very insignificant in quantity, we exhibit the latter alone.

It is not uncommon, at the decline of sub-acute gonorrhœa, to find the astringent and balsamic remedies unsuccessful ; the discharge, although trifling, obstinately persists in spite of the many various injections prescribed.



Under these circumstances, the following is the plan we adopt : having observed that the running is occasionally kept up by too long continued injections, we interrupt the treatment. Should this course prove unavailing, we recommend one caustic injection, which *revives*, as it were, the inflammation of the urethra, and we then return to very weak astringents. On other occasions, we abandon injections of every description, and we prescribe cubebs or copaiva in large quantities, particularly when the patient has previously not had recourse to them, or only taken them in small doses.

*The indications afforded by the periods of purulent urethritis are the following :*

A. *Premonitory stage.* — Here the abortive treatment is imperatively called for, and should be instituted by the introduction, into the fossa navicularis, of a few drops of the following caustic solution :

Argenti nitratis. . . . .	15 gr.
Aq. destill. . . . .	2½ dr.

B. *Incipient stage.* — The same indication for the abortive method obtains and continues up to the period of status of the disease.

C. *Period of status.* — It is now that the complaint assumes the characters peculiar to each of its forms. The indications repose : 1. upon the appreciation of the nature of the discharge ; 2. upon the acute or indolent form of the urethritis.

D. *Period of decline and termination.* — In this stage, astringent injections and balsamics inwardly are proper. In a few instances, particularly when the discharge exhibits a tendency to become chronic, caustic injections may be beneficially resorted to.

On recapitulating the various indications and counter-indications to be attended to in the treatment of purulent urethritis, and considering them synoptically, we find that they repose upon the two following elements : the nature of the discharge (puriform, lactescent, mucous) ; the acute or sub-acute condition of the urethral inflammation. These data are amply sufficient in practice. Thus, when first

consulted by a patient labouring under puriform urethritis, we endeavour to ascertain the precise nature of the discharge from the examination of the fluid which escapes spontaneously from the urethra, or oozes on gentle pressure of the lower part of the canal, or again by inspection of the linen. Satisfied upon this point, we endeavour to discover the peculiar form of the disease from the answers of the patient to our inquiries regarding the mode of excretion of the urine, the frequency or absence of erections, etc. This double estimate of the *nature of the running, of the amount or degree of the inflammatory action*, guides us in the choice of the medication, and during the whole course of treatment.

*A practical inquiry* into the chief remedial methods adopted in purulent urethritis (viz. : antiphlogistic, substituting, astringent and balsamic medications), will be the object of our next communication.

Dr. F. CLERC.

## ART. 5597.

### MEDICAL CORRESPONDENCE.

*New process of circumcision as a remedy for phimosis and imperforation of the prepuce.*

*Modus operandi.* Stretch the prepuce by drawing the mucous membrane forward and the skin back, so as to lay bare the orifice of the foreskin; introduce, in case of phimosis, a slender cylindrico-conic wooden rod in the aperture of the prepuce; perform a circular incision at about half a line from the mucous margin, cutting the skin only, which immediately shrinks backward on the glans; maintain the mucous lining upon the wooden rod and remove circularly a sufficient quantity of membrane to give free play to the glans in the aperture resulting from the operation.

Join the edges of the wound of the skin and of the mucous membrane by sutures with five entomological pins, secured by twisted thread; insert each pin into a small square of diachylon slit in the middle.

Carry back the entire prepuce upon the penis; dress simply; foment with cold water, if necessary.

I usually place four pins : one at the upper part of the penis, another at the lower, the two others laterally.

If a vessel should bleed, one of the sutures should be fixed on that spot. This simple measure will preclude all hemorrhage.

The cicatrix arising from this operation is linear ; it is within the prepuce, and the skin replaces the mucous membrane which has been removed.

Such is the result I have obtained in the operations I have had occasion to perform, among others, on three soldiers of the second regiment of light infantry, garrisoned at Angers in 1853. Such is the result all medical men will obtain by pursuing the same process in cases of phimosis and imperforation of the prepuce, when cure is not obstructed by causes independent of the operation.

I abstain from describing in detail the various procedures which have hitherto been adopted in the removal of the prepuce. I will merely observe that I have not anywhere seen the method I propose, and which, if it is not new, was hitherto unknown to me.

It reposes, as may have been perceived, on this anatomical fact that the skin of the penis unites with the mucous membrane of the prepuce, not by a diminution of its substance, but by accommodating itself by numerous wrinkles (in the usual manner of the skin which surrounds the sphincters) to the destined aperture. An inspection of the numerous folds of the skin around the preputial orifice will carry conviction with it ; and, for this reason, the skin may be immediately drawn back and without pain on the penis, as soon as it has been circularly divided.

It will also be seen that the incision, with what care soever it may have been performed, has an indented circumference due to the division of the folds of the skin. These indentations, however, do not affect the regularity of the cicatrix.

This operation is, to the best of my belief, in accordance with the principles of sound surgery.

The excision should be as distant as practicable from the body. As little as possible should be removed of the healthy and useful parts, which it is an object to preserve in their normal state ; in short, a cicatrix is obtained as rapidly as any other under the same circumstances ; it is so imperceptible as to be taken for the natural junction of the skin and mucous membrane, and is entirely concealed when the prepuce is drawn forward upon the glans.

I use the twisted suture, because, by this mode of union, the edges of the wound are merely supported without being exposed, as they might be, to be cut through, by the common knotted suture, on account of the changes of volume so frequent in the organ. The same reason would also cause *serrefines* to be easily displaced.

During treatment, the wound occupies the middle of the penis, which allows the surgeon to protect it from the contact of urine, to inspect the progress of healing, to promote and regularize the cicatrix.

This operation can be performed with the bistoury, with scissors or with the cutting forceps. The chief precaution to be observed being to keep the prepuce well stretched and fully to expose the margin of the orifice.



In the operation with the bistoury, as I have described it, the aperture is secured to the small wooden staff with the nails of the left hand, or by a thread tied round it, or with three pins inserted perpendicularly, traversing the margin of the prepuce and penetrating into the wood.

The skin is drawn back with the scissors; the orifice is fixed with the common dressing-case forceps, and the skin is divided at one stroke at the stated place, at the distance of a half a line behind the margin. In the second part of the operation, the predetermined quantity of mucous membrane is removed. The scissors are the very worst instrument that can be used for the purpose of excision, especially for the division of the skin.

The cutting forceps is excellent. It divides by attrition the parts which spread beneath the blades, a mode preferable to the clean section of the bistoury. It will be readily understood that whatever instrument is employed, the operation is performed in two successive periods: in the first, the skin is detached from the mucous lining; in the second, a portion of the mucous membrane is removed so as to insure the free action of the glans.

RIDREAU, M. D.,  
Assistant surgeon, 3rd regiment of foot-  
artillery (Strasburgh).

January 1859.

## SCIENTIFIC MISCELLANEA.

ART. 5598. ALBUMINOUS ANASARCA; EXHIBITION OF TANNIN IN LARGE DOSES. — Pure tannin, tannic or gallic acid, extracted from nut-galls by ether, in accordance with Mr. Pelouze's process, has seldom been exhibited in large doses in France; but in Germany, England and Portugal, Messrs. Siebert, Lees, Frerichs, Scott Alison, Burns of Glasgow, W. Bayes, and Barral, have frequently prescribed it in doses of  $\frac{1}{2}$  dr., 1 dr.,  $1\frac{1}{2}$  dr., and even more for albuminuria, diabetes, hemoptysis, chlorosis, and in peculiar instances of morbid secretion, general debility, etc. The use of tannin is devoid of danger, and, according to Mr. Bayes, the system requires to be saturated with the drug, especially in cases of hemorrhage.

Agreeably to these data, Dr. P. Garnier, a medical practitioner in the city of Paris, has been induced to test the value of this remedial agent, in albuminous anasarca, a frequent consequence of scarlatina, for which ordinary means most generally prove unavailing. Mr. Garnier has recorded, in the *Archives g n rales de M decine*, nine observations, from which it appears that in cases presenting as a common character the coexistence of more or less general and extensive serous suffusion of the cellular textures of the body, with albuminous urine, both morbid manifestations promptly and simultaneously yielded to tannin exhibited in large doses.

The first case is that of a little boy, three years of age, who, during the period of desquamation of the cuticle, at the close of scarlet-fever, sud-

denly presented enormous puffiness of the face, hands and feet, together with swelling of the abdomen, and suppression of urine at night. Calomel, jalap, parietaria, nitrate of potash were given in succession and repeatedly, but in spite of these medicines the infiltration became general, and so considerable as to prevent the child from assuming the sitting posture. The stretched, shining and translucent integument seemed on the point of bursting; the penis was twisted and concealed within the distended scrotum, the urine was highly albuminous. Convulsions soon set in, and the anasarca, after slightly diminishing under their influence, again increased notwithstanding the exhibition of cochlearia, Dower's powder, tartrate of potash, etc. Mr. Garnier, as a last resource, thought of tannin, and prescribed the following solution :

R. Acid. tannici. . . . .  $\frac{1}{2}$  dr.  
 Aq. destill. . . . . }  
 Syrupi cinchonæ. . . . . } aa 1 oz.

M.

Three spoonfuls of this mixture were taken daily, and the tonic course of treatment, which had been followed for the previous week, was concomitantly persevered in. The new medicine was begun on February 12; on the 14th, most abundant diuresis set in, and the excretion was so enormous as to necessitate a permanent urinal. The swelling perceptibly decreased. The solution was continued up to February 18, the child having at that date taken  $1\frac{1}{4}$  dr. of tannin in six days, and as much as 23 gr. daily, without inconvenience. Appetite, on the contrary, had returned, constipation had yielded, the secretion of urine and diaphoresis had been excessive although the child had taken at his meals some claret and water only; on February 20, the recovery was complete.

In addition to the cases observed in his own practice, Mr. Garnier adduces others derived from the experience of foreign practitioners. He mentions a young woman, who was placed under the care of Mr. Sampson, for anasarca in connexion with chloro-anæmia, and whose urine contained albumen together with blood-corpuscles. Three doses, each of 10 gr., of gallic acid, were daily prescribed, and in one week the oedema yielded, and the urine recovered its healthy composition.

We likewise notice in the memoir the case of a man labouring under anasarca and albuminuria, for the removal of which aperients and diuretics had proved unavailing. Professor Barral prescribed the following pills :

R. Acid. tannici. . . . . 6 gr.  
 Tragacanthæ. . . . . 1 dr.  
 Syrupi. . . . . Q. S.

M. F. S. A. Divide in pilulas duodecim.

Three of these pills were exhibited on the first day, six on the second, nine on the third, and so on. On the fourth day, the swelling perceptibly decreased, coincidently with abundant diuresis, and on the tenth day, the

recovery was all but complete. Some few days subsequently, Blaud's ferruginous pills (a close imitation of the *mist. ferri comp.*) were substituted for the tannic acid, one drachm and a half of which had succeeded in dispelling the infiltration.

Tannin is more efficient in mixtures than in pills, but as the solution is liable to undergo decomposition, Mr. Bayes prefers the other mode of exhibition. In this form, the remedy should be taken with a meal, or be immediately followed by copious drinks. Mr. Garnier more generally prescribes the solution, which should be of a mucilaginous or gummy description, in order to disguise the disagreeable taste of the preparation.

ART. 5599. PARONYCHIA. TREATMENT BY PROTRACTED AND REPEATED ALKALINE BATHS.—The *Annales médicales de la Flandre, occidentale* reproduce from a German periodical (*Oesterr. Zeitschr. f. prakt. Heilk.*) an article on the mode of treatment which, according to Dr. G. Von Breuning, is best calculated to shorten the duration of whitlows, mitigate the pain they occasion, and preserve the bones from the consequences of the inflammation.

Every hour, and even every half hour, day and night, the finger, which is the seat of the disease, should be immersed in an alkaline bath hot, cold or tepid, at the patient's pleasure, and, in the intervals, the part should be enveloped in compresses impregnated with the same fluid. If the patient's occupations prevent the adoption of the foregoing method of treatment, or if he is likely to neglect it from somnolency, the finger should be surrounded with barm or moist clay, substances which alleviate the pain. When the suffering is excessive, it may be mitigated by an embrocation with one part of extract of belladonna to six of boiled oil of henbane. In the incipient stage of the disease, particularly if it sets in with a considerable degree of violence, it may be proper to apply a few leeches in order to obviate suppuration, but immediately afterwards the alkaline baths should be resorted to.

Mr. Von Breuning avers that, when this treatment is instituted from the first, it renders incisions unnecessary; these he even considers injurious, and never has recourse to them. When suppuration takes place, it escapes spontaneously, and the alkaline baths must then still be continued, not only during this period, but throughout the progress of cicatrization, experience having shown that they promote healing; an assertion we can bear witness to, having noticed it ourselves at the Hôtel-Dieu of Paris, in Professor Jobert's wards, in cases of crushing of the fingers. Mr. Von Breuning's system is equally applicable to inflammation of the palm of the hand, and removes the necessity for the use of the knife; it never allows of the complete destruction of the joint, and the finger consequently recovers the freedom of its movements.

Dr. René Vanoze adds to the above extract that, for twenty years, he has had many opportunities of testing the efficacy of frequent and prolonged alkaline baths in the most aggravated forms of inflammation of the fingers. He states that Flemish practitioners are aware that, in every village of their province, some gifted individual is to be found, who treats



and cures whitlows with baths containing potash or vine-ashes. Very recently, Mr. Vanoze observed a case of inflammation beneath the fascia of the hand which yielded to a sort of permanent maceration in some alkaline fluid, after having resisted mercurial frictions.

ART. 5600. FISTULA IN ANO CURED WITH ARROW-SHAPED GUTTA PERCHA NEEDLES, COATED WITH CHLORIDE OF ZINC. — Fistula in ano is a disease not without importance, and when patients express anxiety as to its final issue, they are not entirely wrong; thus, of 113 operations for fistula in ano performed at the Hôtel-Dieu of Paris, from 1837 to 1841, 9, i. e. 1 in every thirteen, terminated fatally.

Granting even the operation to be free from danger, it is particularly alarming to the patient. The preparatory treatment, the division of the sinus, the occasionally unavoidable excision of detached shreds of mucous membrane, the subsequent daily dressings of the wound, etc., place this operation almost on a level with the most important acts of surgical interference. The idea of reverting to the old method of cauterization, instead of using the knife for the cure of fistula, has occurred to two surgeons of the hospital of Chartres, Messrs. Salmon and Maunoury, and we find, in the *Gazette médicale*, a paper on the subject in which are recorded four cases of simple or complicated sinus, in which cauterization was applied with the most satisfactory results.

The process adopted by Messrs. Salmon and Maunoury much resembles that used in ancient times, with this difference that their peculiar caustic requires, on the part of the preparator, a certain amount of habit, and, from the surgeon, attentive superintendence in order that the mixture of gutta percha and chloride of zinc be removed from the fire precisely at the proper time. All the rest, indeed, is easy: the gutta percha is melted in a porcelain capsule, and, at the instant of fusion, the quantity of caustic which it has been predetermined to combine with it is added, and the mixture is stirred with a spatula. A perfectly malleable paste is thus produced which may be moulded in a cylinder, like nitrate of silver, or in cakes, like the "*pâte de Canquoin*." Let us now inquire into the mode of application.

A receiver, aged forty, had been for two years and a half suffering from fistula in ano. The aperture was situated on the left side of the orifice of the rectum, and the sinus was one inch and three fourths in length. Mr. Salmon cut out, from a piece of gutta percha prepared with chloride of zinc, an arrow-shaped pin appropriated in size to the sinus to be destroyed, inserted it in the tract, and the patient returned in a carriage, without springs, to his home which was seventeen miles distant; the caustic was removed six hours afterwards. On the fifth day, the eschar fell away, a circumstance which occasioned an enlargement of the aperture. A second arrow, of dimensions inferior to the first, was then introduced. Every Saturday, the patient came to Chartres, for the purpose of being cauterized, and withdrew the caustic six hours after his return home. On each occasion, the tract was found to have become less deep, and, in six

weeks, a complete cure was effected, without any interruption of the official occupations of the subject of the observation.

The possibility of undergoing treatment without any suspension of professional avocations, establishes in favour of cauterization an advantage over other methods, upon which Messrs. Salmon and Maunoury lay much stress, particularly as the resource of operation with the knife remains in case the caustic has proved unsuccessful.

**ART. 5601. INTRODUCTION OF A KIDNEY-BEAN INTO THE URINARY PASSAGES; DILATATION OF THE URETHRA WITH MAYOR'S CATHETER; EXPULSION OF THE FOREIGN BODY.**—The instances of introduction of various substances into the bladder, from the effect of disordered or depraved imagination, are far from uncommon; but the case recently communicated to the Royal Academy of Medicine in Belgium by Dr. Germain, offers additional interest from the nature of the method resorted to for the expulsion of the foreign body.

A man, aged forty-six, had, for fifteen months, been labouring under cystitis, due to a calculus which had formed in the bladder. On being closely questioned, he acknowledged that he was the author of his own sufferings, and that having been addicted to onanism from his youth, his depraved taste for solitary indulgence had induced him to insert a small bean into the urethra, that he had forced it towards the bladder, and that he never since that period had known one moment's ease. Indeed, his appearance exhibited a degree of physical atrophy and mental prostration which uninterrupted pain and incessant remorse did not tend to decrease.

Mr. Germain, whose advice was sought on the occasion, recommended dilatation of the urethra with Mayor's catheters, a plan which he had personally used with frequent success for the expulsion of calculi of small size, but of larger diameter than the normal urethra. This advice was acted on, and, on December 30, Mr. Germain was informed that, on the fifth day of the same month, dilatation had been accomplished, an operation which caused intermittent paroxysms of fever; these were removed with sulphate of quinine, and, on the 20 and 21, a fortnight after the first introduction of the instruments, the bean was expelled in fragments. Since that period, the pains had entirely disappeared.

## PREScriptions AND FORMULAS.

**ART. 5602. PRESCRIPTION FOR LEUCORRHŒA.**—Mr. Ricord, being consulted by a young woman suffering from uterine catarrh, and presenting at the same time marked chloro-anæmia, prescribed the following course of treatment:

1. To inject morning and evening one quart of tepid water containing:

Zinci sulphatis. . . . . 1 dr.

2. To take three times a day one table-spoonful of the syrupus cin-

chonæ (a convenient remedy prepared in the same manner as the syr. cort. aurantii).

3. To add in one of the doses of syrup, taken before dinner :

Ferri pulveris. . . . . 4 gr.

ART. 5603. POMADE FOR ECZEMA OF THE HANDS. — We find, in the *Bulletin de thérapeutique*, that Mr. N. Guillot, physician of the Hôpital Necker, prescribes with advantage in eczema of the hands the following ointment :

R. Adipis. . . . .	1 oz.	
Sodæ subcarbonat.	} aa $\frac{1}{2}$ to 1 dr.	
Ol. cadini. . . . .		
Picis liquidæ. . . . .		

ART. 5604. A LIQUID DENTIFRICE FOR SMOKERS. — The *Art dentaire* describes a preparation, which its inventor, Mr. Chevallier, represents as removing the offensive condition of the breath after smoking, and also advantageous as a confection, to remedy the effects of softening of the gums with fetid ulceration. Mr. Chevallier prepares his wash as follows :

R. Calcis chlorinat. exsicc. et pulv.	2 dr.	
Aq. destill. . . . .	} aa 2 oz.	
Alcohol rectific. Sp. gr. 36. . . .		
Ol. ess. caryophylli. . . . .	2 min.	

Dissolve the chloride, elutriate, filter and add in the first place the spirit, and subsequently the essential oil. Half a tea-spoonful should be poured into a tumbler, and used to rinse the mouth and cleanse the teeth.

## ART. 5605.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Among the interesting communications made to the Academy of Sciences, we notice one by Mr. Ollier on the artificial production of bones by means of the displacement and transplantation of the periosteum.

Duhamel's researches and, more recently, those of Heine and Flourens, have demonstrated the importance of the part performed by the periosteum in the reparation and reproduction of the substance of bone. Mr. Ollier's experiments have led him to analogous results, and, carrying still further the demonstration of this truth, the skilful physiologist dissected shreds of periosteum, transplanted them amidst tissues normally foreign to ossification, and wherever he was able to graft them, he found new bone produced and developed.



In a first series of experiments, Mr. Ollier dissected on the tibia long strips of periosteum, which he allowed to adhere to the bone by a pedicle more or less large. He rolled them in various directions around the muscles of the leg and he obtained circular bones, in the shape of the figure eight, in a spiral, etc. In a second series, Mr. Ollier divided the pedicle of the fragment three or four days after the operation, and, notwithstanding this interruption of its primitive vascular communications, the transplanted periosteum continued to secrete bone. In a third series of experiments, the periosteum was completely detached from the bone at the moment of the operation and was immediately transplanted to adjacent or remote regions, under the skin of the inguinal region, of the back, etc.; in this case again, the periosteum produced ossifiable secretions and real bony tissue.

These experiments were made on rabbits of various ages. Advanced age diminishes without completely suppressing this property of the periosteum.

The bony texture thus obtained constitutes real bone.

The structure is the same. The fundamental element consists of bony corpuscles precisely similar to those of normal bone.

At the periphery lies a stratum of compact substance through which run the Haversian canals.

In the interior, after a certain time, a medullary cavity forms, containing a reddish substance characterized by the anatomical elements, which microscopic observation describes as peculiar to normal marrow.

One or several nutritious foramina give access to the vessels.

The new bone owes its origin to the blastema, normally existing under the periosteum, and partly removed with that membrane when it is detached from the bone.

Mr. Ollier's experiments prove that bone may be obtained wherever the periosteum can be grafted, and, as a practical consequence, they tend to en large, to the profit of reparative surgery, the circle of autoplasmic operations.

**ACADEMY OF MEDICINE.** — The Academy proceeded to the election of its officers for 1859. The following is the result of the ballot: President, Mr. Cruveilhier; Vice-President, Mr. J. Cloquet; Annual Secretary, Mr. Devergie.

After a short and dignified address from the new president, the Academy resumed the debate on tubing and tracheotomy.

Mr. Malgaigne criticized with unabated spirit the statistics which have been brought forward in opposition to those of Dr. Bouchut; whilst he acknowledged, however, that the gross amount of cures at the Hospital for Children was not inferior to 24 or 25 per 100, a result far more favourable than was yielded by private practice, he endeavoured to show that the cause of this difference must not be sought for in the improvements introduced of late years in the treatment, but entirely in the now generally adopted practice, popularized by Mr. Trousseau, of operating as soon as the existence of croup can no longer be doubted. Success coincided with

Mr. Trousseau's appointment to the Hospital for Infancy, not because he was a more skilful physician than Guersant Sr., or a more expert surgeon than Guersant Jr., but because he bore with him a settled principle, that of losing no time and resorting at once to the operation. From this period forward, matters changed aspect : cures became so frequent, that whereas, during the first six months of 1850, 9 deaths had occurred in 10 cases of tracheotomy, during the ensuing eighteen months, 16 cures followed 37 operations. The cause of this incredible amount of success resided therefore in the prematurity of the performance of tracheotomy, and it was this practice which precludes all medical interference, and is indiscriminately applied to cases which might recover by other means, that Mr. Malgaigne reprobated with the utmost energy. From arguments already brought forward in his first speech, Mr. Malgaigne deduced the spontaneous curability of croup and confuted the opinion of those who look upon tracheotomy as an unimportant operation. It did not by any means follow that the eminent professor absolutely rejected tracheotomy ; he merely criticized its abuse. Mr. Malgaigne gave Mr. Trousseau every credit for having fecundated the ideas advanced on the subject by Mr. Bretonneau, and concluded his remarks as follows :

“ Now, Gentlemen, to return to a narrower question, tubing, I must say that, in that part of his speech which concerns Mr. Bouchut, Mr. Trousseau appeared to me different from himself. His language was somewhat tinged with acerbity and with a degree of hostility, which made me involuntarily inquire how Mr. Bouchut could have deserved it.

“ If tracheotomy be a boon, how much greater will be the benefaction conferred by whosoever shall deliver us from it ! Whatever might be the value of the means proposed for this end, I venture to think and say that a kindly hand should have been extended to its discoverer, as we should do, for instance, to any one who should find some method of averting the necessity for amputation of the thigh. Tracheotomy has been stated to be in itself devoid of danger, and, as a proof, suicides of lunatics and the statistics of a German physician have been brought forward, whence it appears that 73 recovered out of a total number of 96 persons, who underwent tracheotomy for the extraction of foreign bodies from the air-passages. But, to say nothing of lunatics, whom I have found very frequently to die from wounds of the trachea, when I was surgeon of the Asylum of Bicêtre, 73 cures out of 96 constitute a mortality of one in four, and I say this proportion is the same as that observed in amputation of the fore-arm and in lithotomy fifty years since.

“ One word more, Gentlemen, on a point on which I trust I shall be excused if I am thought sensitive. Mr. Bouchut has been called my client. I boast of but two clients : science and truth. I ought to add that I am also desirous of protecting the interests and dignity of the Academy in endeavouring to prevent the adoption of premature conclusions. I further recollect that I was young myself, and, in the face of the difficulties I had to overcome, I registered a vow that my support should never be wanting to those who, meeting with obstacles, might require my aid to surmount them.

“ Once already, before this assembly, I kept that vow ; I had not then the good fortune to secure the sympathies of the Academy, and I know not if on the present occasion I shall be more successful. Under all circumstances, I feel that I have accomplished what I considered to be a rigorous duty, and I trust in Providence for the rest.”

This peroration was received with the warmest applause.

After Mr. Malgaigne, Mr. Delafond addressed the Academy. In a speech perhaps more lengthy than the occasion altogether required, but replete with facts and observations, the learned veterinary surgeon entered into a full description of croup in animals; the brute creation do not seem, in this respect, more favoured than the human species, and, some years since, Mr. Trousseau lost 200 fowls from diphtheria. Of course, in the gallinaceous tribe, tracheotomy is not to be thought of, but it is frequently performed on oxen and horses, and when it is executed at an early period of the disease, the proportion of recoveries is 75 or 80 per cent, whereas it sinks to 67 or 68 per cent when it is instituted *in extremis*.

Mr. Barth then engaged the attention of the Academy, and, without expressing himself unfavourably to tubing, a subject open to further inquiry, he advocated early, or, as he denominated it, timely tracheotomy, and thus established its indications :

“ When, without apposition of the ear to the chest, the respiration is found to be sibilous, as also the cough, which, like the voice, is hoarse or extinct, the patient may be considered in great peril, whether the false membranes have already invaded the larynx, or its mucous lining be merely swollen from inflammation ; also if the complexion is earthy and the skin cold ; if to these symptoms is superadded anæsthesia, such a concurrence of signs, in my opinion, distinctly indicates the urgency of tracheotomy.

“ On the other hand, auscultation of the chest may, in a certain degree, give a clue to the amount of danger and point out the expediency of the operation. Thus, when the respiratory murmur is weakened or absent in a part only of the lungs, it is highly probable that the bronchial divisions contain false membranes, and the surgeon must abstain from interference. When, on the contrary, the diminution of vesicular expansion is observed over the entire extent of the chest, the impediment to respiration, in all probability, lies above the bronchi, and the operation has more chances in its favour.

“ When the respiratory murmur is abolished, death may at any moment occur, and tracheotomy should be performed without an instant's delay.”

Mr. Bouvier followed Mr. Barth, in order to reply to Mr. Malgaigne. The learned member contended that Mr. Malgaigne was in error when he asserted that, under the influence of rules laid down by Mr. Trousseau, tracheotomy was prematurely and inexpediently performed at the Hospital for Infancy. In support of his assertion, he adduced fourteen letters from Messrs. Guersant, Blache, Bouley, Labrie, Beauvais, Sainet, Gondouin, Dufour, etc., whence it unquestionably appeared that none of



these gentlemen ever witnessed an operation for tracheotomy at the Hospital for Infancy, or performed it themselves, without the usual remedies having previously been resorted to.

All these letters, chiefly emanating from the house-surgeons of 1852, show that the indications acted on at that period were identical with those recently established in the letter of the present house-surgeons, which was produced in the course of the discussion. (See Art. 5576.)

The list of members desirous of addressing the Academy being now exhausted, the president declared he should put to the vote the resolutions of the committee. These resolutions vary from those we published (Art. 5581), having undergone some modification; the first runs thus :

“Tubing the glottis, proposed for the treatment of croup, is an operation of difficult performance, always inadequate, and often perilous.”

Mr. Malgaigne reminded the president that he had proposed as an amendment :

1. To thank Mr. Bouchut for his communication ;
2. To request him to inform the Academy of all subsequent observation calculated to throw light upon the question of tubing.

Mr. Trousseau formally objected to the amendment. According to the reporter, Mr. Bouchut had shown marked disrespect to the Academy. The committee, desirous of being informed of the experiments upon which he grounded his conviction, had requested of Mr. Bouchut a communication of their results; he had thought proper to disregard that request and was therefore undeserving of a vote of thanks from the Academy.

Mr. Michel Lévy joined Mr. Trousseau in his opposition to the amendment, but from a different motive and from an apprehension that the thanks of the Academy might be misconstrued into an expression of approbation.

Mr. Cazeaux remarked that a vote of thanks constituted but a common form of courtesy.

Messrs. Velpeau, Londe, Barth and Gibert did not consider themselves sufficiently enlightened as to the disadvantages, still less as to the dangers of tubing. Mr. Velpeau observed that one unexpected fact resulted from Mr. Bouchut's communication, viz. : that during forty-eight hours the tube remained fixed in the larynx without causing any injury. Mr. Londe was of opinion that the experiments instituted upon animals by the committee were absolutely worthless, inasmuch as the action of a tube upon healthy textures may be productive of changes, which would not have occurred if these tissues had been coated with false membranes. It was quite impossible to conclude from the healthy condition of the parts as to what would accrue to them in a diseased state.

“I am of opinion,” said Mr. Barth, “that tubing should not be absolutely rejected. As I before stated, it is at present a mere rough outline, and requires time to be properly worked out. The attempts which have been made induce me to think the method may possess some degree of utility, not indeed in its present form, but in that which it may assume in the future.

“Tracheotomy, it cannot be denied, is a delicate and difficult opera-

tion, which alarms families and causes the hand of many surgeons to tremble. For my own part, it is only after much hesitation that I resolve upon its performance. Perhaps with some improvements, tubing may become a means with the assistance of which a timid or unpractised physician might gain time to secure the assistance of a bolder fellow-practitioner with sufficient nerve to perform tracheotomy. I am certainly not of opinion that tubing will ever obviate the necessity for tracheotomy, but I repeat, may it not be adopted as a palliative and temporary means of relief? If the process is still faulty, the *idea* appears to me felicitous and worthy of attention. I should, therefore, like to see a resolution adopted which, being neither favourable or unfavourable to tubing, would leave the question open to future investigation."

Mr. Larrey was entirely in favour of this course, the propriety of which was proved by the entire history of surgery.

Several operations, now adopted as excellent, were at first rejected: thus, amputation at the hip-joint was denounced by the old *Académie de Chirurgie*, and tracheotomy by the present Academy.

"Have you so soon forgotten," said Mr. Larrey, "that the very operation, whose benefits you now so loudly proclaim, was at its origin the object of universal reprobation? Who can assert that the same fate does not await tubing?"

In spite of these few but honourable protests, the Academy was on the point of adopting the original resolutions, when Mr. Velpeau suggested another amendment, which met with the approval of the committee. The president read it from the chair, and this long debate was closed by the almost unanimous adoption of the following resolution:

"Tubing the larynx, as hitherto performed, appears neither sufficiently useful or innocuous to deserve the approbation of the Academy.

"In the present state of science, tracheotomy is the only remedy which should be resorted to, when the chances of safety from medicinal agents have been completely exhausted."

#### PRIZES PROPOSED FOR 1859.

— We published the prizes proposed by the Academy of Medicine for the years 1859 and 1860.

*Academy's prize.* "On the therapeutic action of perchloride of iron."

In propounding this question, the Academy purposes calling the attention of competitors: 1. to the local or direct action of perchloride of iron upon the surface of wounds or of mucous membranes, or in the treatment of diseases of the vascular system, such as aneurisms, varicose veins, erectile tumours, etc., etc.; 2. to the general or indirect action of this medicine in the treatment of certain fevers, of hemorrhagic diatheses, etc., etc.

This prize to be of the value of 40 l.

*Baron Portal's prize.* Pathological anatomy of intestinal obstruction,

and the practical consequences it leads to, i. e. a comparative study of the various species of anatomical changes (except hernia), which cause an interruption in the course of the contents of the intestine, symptoms and signs which discriminate them from each other, and point to the most proper treatment.

This prize to be of the value of 40 l.

*Dr. Capuron's prize.* Of retroversion of the uterus during gestation.

This prize of the value of 40 l.

*Madame Bernard de Civrieux's prize.* Of nervous affections due to syphilitic diathesis.

Prize of the value of 60 l.

*Baron Barbier's prize.* Efficient remedies for diseases hitherto generally considered incurable, such as rabies, cancer, epilepsy, scrofula, typhus, cholera-morbus, etc.

Prize of the value of 100 l.

*Dr. Amussat's prize for experimental surgery.* This prize will be awarded to the author of investigations, simultaneously based on anatomy and experiment, and which may have realized or prepared the most important progress in surgical therapeutics.

Any papers having previously obtained a prize or a reward, either at any of the competitions of the Imperial Academy of Medicine or of the Academy of Sciences at the Institute, will be inadmissible to compete for the prize of experimental surgery.

This prize to be of the value of 40 l.

#### PRIZES PROPOSED FOR 1860.

*Academy's prize.* "What are the means of obviating the accidents which may arise from the use of ether or chloroform; what are the means of remedying those accidents."

Prize, value 40 l.

*Baron Portal's prize.* "Of the vascular obstructions of the circulatory system of the lungs and of the practical applications they suggest; i. e. study by positive observations the various species of sanguine concretions which may obstruct the blood-vessels of pulmonary circulation; appreciate their causes, their immediate effects and subsequent consequences; investigate the mechanism of the cure of the above morbid conditions; determine the symptoms by which they may be recognized, and state the treatment they require."

Prize, value 24 l.

*Madame Bernard de Civrieux's prize.* "Appreciate the influence of chloro-anæmia on nervous over-excitement, as to diagnosis and treatment."

Under the head of diagnosis, competitors are required to dwell on cases in which nervous over-excitement has been mistaken for acute or chronic affections of those organs which were the seat of the symptoms.

Prize, value 80 l.



*Dr. Capuron's prize.* 1. A question relative to the art of accouchements :  
 “ Of puerperal paralysis.”

Prize, value 40 l.

2. A question relative to mineral waters : “ Determine by medical observation the physiological and therapeutic action of natural sulphurous mineral waters ; state with precision the pathological conditions in which certain springs are to be preferred to others.”

Prize, value 40 l.

*Baron Barbier's prize.* (See, page 88, the conditions of competition.)

Prize, value 80 l.

*Dr. Lefèvre's prize.* “ Of the diagnosis and treatment of melancholy madness.”

The Academy, in thus limiting the question, requires the candidates to consider it solely in a medical point of view, and to adduce clinical observations in support of their doctrines.

This prize, which is triennial, will be of the value of 60 l.

*Mr. Orfila's prize.* The subject of this prize, which can never be divided, must be either one of toxicology or some question relating to the other branches of forensic medicine.

The Academy proposes the following question :

Researches on poisonous mushrooms with reference to chemistry, physiology, pathology and especially toxicology.

The Academy requires candidates to study as far as possible : 1. the general practical characters of venomous mushrooms, and especially the properties appreciable by the public ; the influence of climate, aspect, soil, cultivation, season, both on the danger arising from their use or on the qualities of edible mushrooms.

2. The possibility of depriving mushrooms of their poisonous principle or of neutralizing it, and, in the latter case, to state what takes place in the decomposition or transformation it has undergone.

3. The action of poisonous mushrooms on our organs, the means of prevention and the remedies that may be opposed to it.

4. The indications consequent upon the foregoing investigations which may be calculated to enlighten toxicology in cases of poisoning.

Prize, value 80 l.

## ART. 5606.

## BIBLIOGRAPHY.

*Traité pratique et raisonné des plantes médicinales indigènes* (Practical and analytical treatise on indigenous medicinal plants), by Dr. F. J. Cazin of Boulogne sur Mer (1).

“ Botany ” says Fontenelle in his Panegyric on Tournefort, “ would have an interest of mere curiosity, if it did not bear any relation to medicine ; and when we wish it to be useful, it is the botany of our country we must study.” Fontenelle was right ; and by following this excellent advice, by publishing the result of his patient and laborious investigations, Mr. Cazin has endowed science with a really valuable work.

We had the gratification, some years since, to announce the first edition of the *Treatise on indigenous medicinal plants*. We have still more pleasure in noticing the second edition of this treatise, in which the original plan has been enlarged. The former publication treated merely of the therapeutic use of plants ; the second comprises also the designation of vegetable families, according to the natural and artificial systems of classification ; their Latin and French synonyms ; a detailed description of each variety with instructions for gathering, and the most proper mode of preservation ; notions on their chemical properties ; their pharmaceutic preparation and doses ; their toxical and physiological action, and finally their medicinal properties.

These virtues have been contested or depreciated by men, who, to use the expression of Mr. Munaret, sacrifice their reason and their country at the altar of exotism. They have objected that indigenous or naturalized plants are unenergetic or uncertain in their action on our organs. To confute the first objection, it is sufficient to remember that we possess belladonna, henbane, stramonium, fox-glove, colchicum, colocynth, bryony, buckthorn, etc., which, in energy, are by no means inferior to the plants we import at considerable expense from remote countries. The alleged uncertainty of our indigenous species proceeds from causes easily removed.

Among these causes, Mr. Cazin particularly notices the ignorance and carelessness displayed in the gathering and preservation of the plants. These are not unfrequently collected before their perfect development, or when they have lost the greater part of their properties, by women, who have no guide but routine. They are then transferred to the herb-shop, sometimes laden with dew or purposely wet ; and, in this state, they are impaired, instead of being preserved by drying. The root *asarum*, for instance, will be considered the best succedaneum of ipecacuanha by those who employ it within the first six months of its being gathered, whereas,

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(1) Second edition, 1 vol. 8vo with atlas. Labé.

if used after one or two years, it will be found but an aperient or a mere diuretic.

The country practitioner, obliged to borrow largely from the indigenous medical flora, will find in Mr. Cazin's work the most complete information as to the gathering and mode of preservation of each plant.

The part of the book relating to therapeutics is treated with much care. We would in this point of view, instance as monographies, which leave little or nothing to be desired, the history of belladonna, digitalis, hemlock, bryony, etc.

We had thought Mr. Cazin would, in his new edition, have mentioned the researches of Mr. Serres, a dispensing chemist in Paris, on indigenous sarsaparilla; but doubtless the author was unacquainted with the results, and he has confined himself to quoting the opinion of Mérat and Delens on the presumable advantages of the sarsaparilla of the South of Europe, compared with that imported from America.

We are unwilling to conclude this brief review without congratulating Mr. Cazin on having adopted an alphabetical order in his numerous descriptions. This plan discards all idea of system and renders more prompt and easy the researches of the practitioner.

This order adds to the advantages of the book and concurs, with a carefully compiled index and a handsome atlas, in rendering the *Treatise on indigenous plants* a really practical work, useful to all and endowed with the great merit of inviting attention to unknown treasures and of increasing, for the benefit of the poor, the resources of rural therapeutics.

ART. 5607. *L'officine ou Répertoire général de pharmacie pratique* (The laboratory for medicines or General Repertory of practical pharmacy), by Dorvault, Director and Founder of the Central Pharmacy and of the Provident Society for the Apothecaries of France (1).

This is another book, destined to occupy a place in the medical practitioner's library, a work of real utility for constant reference, for an intimate correlation must exist between the prescription and preparation of medicines, and Mr. Dorvault's *Officine* is not only a treatise on pharmacy, but of pharmacy considered in its connection with therapeutics and the mode of exhibition of medicinal substances.

Four editions, exhausted in fifteen years, prove that this book was a desideratum; and its success will be readily accounted for by a bare mention of the different parts, which enter into the composition of this important work.

A first division entitled *Dispensary* affords the reader a general review of all the legal and private pharmacopæias of America, Belgium, England, France, Germany, Holland, Italy, Poland, Portugal, Russia, Sardinia, Spain, Sweden, etc.; formularies and various compendiums of *materia medica*, of medicine and pharmacy of the same countries with a table

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(1) 5th edition. 1 thick vol. 8vo with plates. Labé.



indicative of the medicinal weights of Europe, considered in their reciprocal concordance and in their relations with the decimal system.

In the second division, the author comprises, under the head of *Legal pharmacy*, pharmaceutic legislation or a collection of the laws, decrees, and other documents concerning the dispensing of medicines; toxicology or a short treatise on the best means of discovering the presence of poisons and of neutralizing their effects; a pharmaceutic essay on simple and compound medicines with a statement of the procedures, by the aid of which their nature and adulteration may be ascertained.

A *Pharmaceutic appendix* follows. In this are collected very useful formulas of veterinary pharmacy, borrowed from the most esteemed foreign authors.

Mr. Dorvault has fearlessly approached the subject of homœopathic medicines, and has inserted in this last edition all the notions necessary for the preparation and dispensing of Hahnemann's remedies.

The medical practitioner is daily obliged to investigate subjects connected with chemical analysis. Although he may refer to the chemist for the analysis of an arable soil, an ore, a saline compound, a mineral water, he is often himself compelled to ascertain on the spot the composition of certain morbid productions, in order to deduce from it therapeutic consequences. All necessary information will be found in the *Officine* for analysing blood, bile, urine, an examination which it is no longer allowable to neglect, and which, in a great number of cases, leads at once to a rational course of treatment.

We cannot enumerate, even summarily, the varied matter in this vast pharmaceutic and medical compendium; but, revised and augmented as it, at present, is, Mr. Dorvault's work appears to us the most complete that can be imagined of its kind. Its index contains more than twenty-five thousand indications, corresponding to as many articles, classed in alphabetical order, an arrangement we eulogized in speaking of Mr. Cazin's work. Plates, intercalated in the text, assist in understanding the latter, and, thanks to a polyglot nomenclature, the *Officine* is a practical guide, useful to all the members of the medical family without any distinction of nationality.

## ART. 5608.

### MISCELLANEA.

The commission of founders, exercising the functions of general council of the General Provident Association for Mutual Assistance of the Medical Practitioners of France held a meeting on the 16 January, Dr. Rayer in the chair.

The known number of adherents to the Association amounted at that date to 1600.

The *Local Society* of the Loire-Inférieure, united with the General Association, has been approved of by a decision of the Minister of the Inte-

rior : a decree of the Emperor has appointed Dr. Lafond, Director of the preparatory School of Medicine of Nantes, president of this Society.

The *Union Médicale* announces that several Societies, previously existing, or newly formed, are now taking the necessary preliminary steps for a union with the General Association.

The medical gentlemen of the departments of Doubs, Jura and the Haute-Saône are now soliciting the approbation of the statutes of a *local Society* connected with the General Association, and the seat of which would be at Besançon.

The Association of the medical practitioners of the Department of Indre, after having harmonized its statutes with those of the General Association, voted unanimously, with the exception of three dissentient voices, its union with the General Association.

The Associations of the medical gentlemen of the arrondissements of Melun and of Provins have also voted their union with the General Association.

A *local Society*, united with the General Association, and the seat of which is at Saint-Etienne, has just been formed among the profession in the department of the Loire.

The Association of the medical practitioners of Toulouse has postponed till next year the decision proposed to it of a union with the General Association.

— In a letter addressed to the *Raccoglitorè medico di Fano*, Dr. Malago of Ferrara expresses himself as follows, on the subject of a new method of treatment of favus :

“ I have succeeded in radically curing favus, in a space of about eight minutes, by the use of the bi-basic sulphuret of lime. I have tried this remedy at the civil hospital in six children varying in age from three to twelve years ; a single application on the diseased part is sufficient, and twice only was I compelled to resort to it a second time after a few days' interval. It should be used with much caution, in the shape of a warm and soft paste, which is laid over the parts with a painting-brush : it is a caustic, and, in the case of favus dispersus, the action of the remedy must be carefully limited to the diseased parts of the scalp.

“ The hair should, previously to the application of the remedial agent, be shaved off as close as possible. The operator then spreads a layer of the sulphuret over the tubercles, but the paste must be very warm or no beneficial effect will be produced ; it is left for six or eight minutes in contact with the diseased skin, and the patient experiences no pain ; it is, at the expiration of that period, removed with another painting-brush impregnated with cold water, or merely by fomentations.

“ The substance here recommended consists of dry sulphuret of lime, to which is added recently slaked and softened lime, hence a calcareous salt with a double basis. The mixture of the recently slaked lime with the sulphuret should be made under the influence of heat and shortly before the application of the remedy, as the sulphuret is liable to harden on cooling.”

— Professor Bouisson delivered, at the re-opening of the Faculty of Medicine of Montpellier, a remarkable oration, in which he expressed himself in the following terms, on the founder of the Academy of Surgery :

“Lapeyronie possessed a practical mind; firm and yet sensitive, bold but without temerity, prompt in action but not at the expense of security, possessor of personal resources which instruction may develop but cannot impart, he had attained as a surgeon the limits of his art.

“To these admirable qualities, he united an aptitude for organization, which manifested itself nowhere more happily than in his functions of an army surgeon. The predecessor of Ravaton, Percy, Larrey, he was one of those who created modern military surgery. Formed, from his youth, under Marshal de Villars, to the duties of an army surgeon, the extent of which he appreciated with more authority in the various campaigns in which he followed King Louis XV, and especially in the glorious campaign of Flanders, which terminated in 1745 by the battle of Fontenoy, his presence, like that of A. Paré, revived the courage of the soldier. He visited and organized hospitals, reformed abuses, himself performed difficult operations, introduced everywhere order and activity, and thus diminished that mortality by which victories are so dearly bought. To have been the model and almost the creator of that type, called the military surgeon, will ever be one of Lapeyronie’s claims on our gratitude. Has not the Crimean war shown, in our days, the services of those in whom are united the qualities of the warrior and the physician? When, after having applauded the valour of armies, we turn to the more intimate scenes of their existence to ascertain how they may be preserved, we find, by the side of discipline, the tutelary complement of surgical art. On the field of battle, in the ambulances, in the hospitals, the military surgeon, unmindful of himself, braves death to preserve the soldier’s life, dies without a murmur, and even without glory, under the influence of typhus or cholera, and lavishes at the same time his art, his self-denial and his courage.”

Professor Bouisson, before he so nobly drew the character of the army surgeon, reminded his audience that, on the suggestion of Lapeyronie, Louis XIV decided, by an edict, that every surgeon should be a scholar, wishing thus to raise surgery in public esteem, an art which suffered from a relative abasement, as lamentable as it was unjust.

— The journal *la Presse* relates a curious case of poisoning by the flesh of pheasants. It is known that these birds eat all kinds of berries, and that, principally in North America, they feed on the buds and leaves of a species of laurel. This food speedily communicates to the flesh of the birds the venomous principles of the shrub. Two young men, having gone out on a shooting excursion in the environs of Philadelphia, brought back six brace of pheasants, and invited their relations and friends to partake of the repast. After their meal, which was a sober one, the guests were attacked with acute pains in the stomach, and head-ache; subsequently their sight failed them, their extremities became cold, an



all the symptoms of confirmed poisoning became manifest. Despite the most zealous care, seven persons died in a few hours, and all conjecture as to the causes of this fatal event seemed vain, when the medical gentleman called in deemed it advisable to examine the remains of the pheasants, and their entrails. He found in the latter a great number of laurel-berries, and he convinced himself, by chemical experiments, that the food of these birds had infected their flesh. This species of laurel, which grows but rarely in a few forests in France, has a poisonous sap, and produces a fruit from which a considerable quantity of prussic acid may be extracted.

— The Imperial Academy of Medicine of Wilna lately celebrated, with much solemnity, the fiftieth year of its existence. This Academy was formed under the fertile inspiration of Joseph Frank, in December 1806, and was approved of on the 12 May ensuing, by an imperial rescript of Alexander the First.

To draw still closer the bonds of union between the learned, the Academy of Wilna has just forwarded on this occasion a certain number of diplomas with the title of honorary members to several foreign physicians of different countries. Ten of our Paris fellow-practitioners have received this distinction. These gentlemen are : Drs. Bouillaud, F. Du-bois, Larrey, Michel Lévy, Mèlier, Nélaton, Piorry, Raciborski, Rayer and Ricord.

— By an imperial decree of 24 December 1858, issued on the proposition of His Excellency the Minister of Public Instruction and Worship, the following gentlemen have been appointed professors of the Faculty of Medicine of Paris :

Professor of anatomy, Dr. Jarjavay, fellow of the said Faculty;

Professor of surgical pathology, Dr. Gosselin, fellow of the same Faculty.

— True courage often inspires men with a firmness capable of subduing the feelings of the most natural sensibility. On board a ship which was wrecked, a soldier had his leg broken; mortification was making such rapid progress that all deemed amputation indispensable. The captain, who seemed predestined by his name for that office, Capt. Cutting, undertook the operation, and removed the limb above the knee with remarkable presence of mind and dexterity.

— At Bagyan, near Chemnitz, in Hungary, the Rev. Louis Halecy, an Evangelical minister, and a very vigorous young man, repaired one evening about six o'clock, with his brother in law, to his bee-hives, where a great number of drones had been seen in the day.

To procure a little rest for the bees, these gentlemen began pursuing the drones, and killed ten of them. But as the bees, excited by their enemies, and perhaps also by the pursuit of the drones, came out of the hives in great numbers, the clergyman and his friend thought it prudent to retire. But the pastor had unawares carried away in his garments, a

bee in a state of great irritation, which climbed up to his neck and stung him.

At his cries, his friend hastened to his relief; they discovered the sting and succeeded in extirpating it from the wound; but it was in vain. Seized with nausea, the clergyman wished to leave the room, but after a few tottering steps, he threw himself on the sofa, attempted to mutter a few words, and fell down lifeless.

The wound had not been inflicted more than a quarter of an hour. What probably rendered the sting mortal was the fury of the bee, excessively excited by the struggle with the drones. This dreadful event threw the whole neighbourhood into the greatest consternation.

— We read in the *New Orleans Medical and Surgical Journal* that Mr. Heustis, having prescribed belladonna for whooping-cough, this medicine suppressed "all erections" during the whole time it was administered, and as long as the dose was sufficient to keep up slight stupor. Three doses of a quarter of a grain daily invariably produced that effect. In others affected with gonorrhoea and chordee, the result was the same.

Mr. Heustis then tried the same treatment on an individual suffering from frequent nocturnal emission, and with entire success, although the belladonna did not produce any other appreciable physiological effect. The author is of opinion that, in this case, as in that of nocturnal incontinence of urine in children, the efficacy of belladonna is to be ascribed to its sedative action on the neck of the bladder, and the prostatic portion of the urethra.

— Mr. Paul Gaimard, formerly head-surgeon of the navy, has just died at the age of 66. An intrepid traveller, Mr. Gaimard had written, in concert with Mr. Quoy, Honorary Inspector General of the Navy, the official zoological relation of Freycinet's voyages round the world (1824-1844) and of the *Astrolabe* (1832). He had successively visited Russia, Prussia, Austria, Iceland, Greenland, Lapland, Spitzberg, and the Feroe Islands, and each of these voyages had been attended with investigations in natural history, which secure to him a distinguished place among our modern zoologists.

— Dr. Bright, whose name is attached to one of the noblest medical discoveries of our century (*albuminous nephritis*, 1829), died in London at an advanced age, physician extraordinary to H. M. the Queen, loaded with honours and engaged in a most extensive practice. His death, which occurred suddenly, after hematemesis, had been neither suspected nor foreseen, as Dr. Bright would never consent to any examination.

At the autopsy, it was ascertained that the aortic valves were replaced by a bony circle, leaving scarcely a small rigid aperture. In a third of its extent, the normal texture still existed. All the other valves were healthy, and in the whole course of the aorta, as far as its bifurcation, no other concretion was discovered.

## ART. 5609.

*Academy of Medicine.—Discussion on the operation for artificial anus in case of imperforate rectum.*

We had intended to invite the attention of our readers to various subjects, which have been the topics of interesting discussions at the Academy of Medicine and at the Society of Surgery; but, among the deliberations of the former of these societies, one in particular appears to call for remarks important enough to induce us to devote to it the whole of the present article. We allude to the delicate operation imperiously demanded by atresia of the rectum in new-born infants.

So far back as 1856, Dr. Robert read to the Academy a report on an operation for artificial anus, performed under circumstances similar to those in question, by Dr. Leprestre, of Caen. The latter gentleman operated by Littre's method, and a favourable result had followed. Despite this happy issue, several members of the Academy expressed doubts as to the possibility of the subject reaching mature age, after having undergone this operation. Dr. Velpeau, among others, declared that he had never witnessed such cases, and requested his colleagues to state instances in point, if any existed. The reporter thought Dr. Leprestre's communication was not of a nature to remove the objections to the method adopted by that surgeon, at the same time expressing the desirability of some modification of the *modus operandi* in Callisen's method. Dr. Robert preferred the latter to Littre's. A year after this discussion, Mr. Jules Rochard, second head naval surgeon at Brest, responded to Mr. Velpeau's appeal, by forwarding to the Academy an account of five operations of artificial anus performed in that port by Littre's method and with durable success. On the occasion of this new communication, Mr. Robert recently read in his own name and that of Mr. Huguier, a report in which the five cases collected by Mr. Rochard were summarized in terms which we reproduce *verbatim* in our article *Learned Societies*. In presence of these five facts, four of which attest the salutary effects of the operation by Littre's method, Mr. Robert has modified his former opinion and concludes,



like Mr. Rochard, that, "in the imminence of certain death, surgery should not shrink from an operation which has for its consequence but an infirmity, easily concealed and compatible with all the duties and even the enjoyments of life (1)."

Our readers will appreciate, in the academical report, the arguments adduced by Messrs. Malgaigne, Velpeau, Huguier and Laugier in support of the preference they give either to Callisen's or to Littre's method. These arguments have assuredly their importance; but it appears strange that, in this discussion, none of the speakers thought of invoking the authority of the surgeon who, in our times, has most studied this important question, Amussat, whose investigations, crowned by the Institute, have thrown so much light on this controverted point of surgery. We had occasion, several times, to hear this eminent surgeon expound the principles he professed on the matter. An acquaintance with these principles will doubtless be gratifying to our readers, and we could scarcely select a more fitting opportunity for bringing them forward.

Amussat thus summed up his opinion on the course to be followed in the case of congenital atresia of the rectum:

1. To enlarge the aperture of the anus when it is too narrow;

2. To pass the point of a bistoury through the obstruction, if the aperture of the anus is closed merely by a more or less thick layer of skin;

3. To establish the artificial aperture in the region of the coccyx, when the intestine is separated from the skin by a greater thickness of tissues;

4. To open the artificial anus in the lumbar region, when it is *impossible* to place it in that of the coccyx.

We will briefly relate here one of the earliest instances

(1) British surgeons take a different view of the matter:

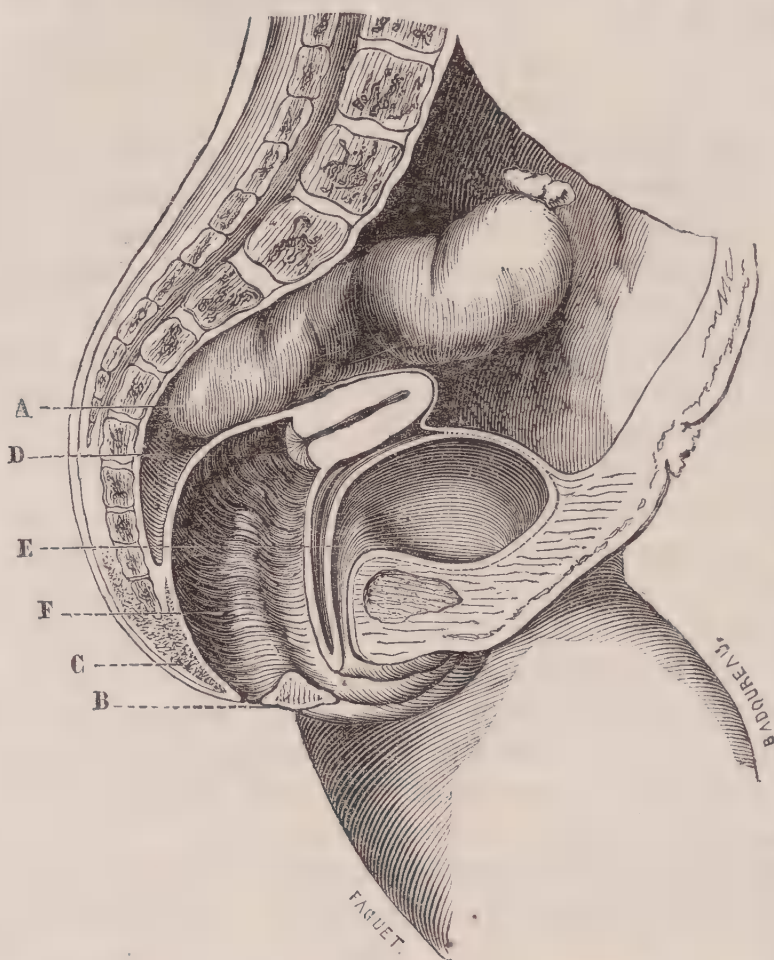
"Considering," says Mr. Fergusson, "the condition in which the patient is afterwards left, with an artificial anus in the side, constantly permitting the escape of the contents of the bowels, fatal results are scarcely to be regretted. I have repeatedly now, on being consulted in such cases, stated the particulars fairly to the male parent, and have left him to decide: the decision has almost invariably been against any operation under such circumstances." (System of Practical Surgery, 4th edit, page 722.)

of artificial anus established by this surgeon in the region of the coccyx ; the case may be considered as a type and will enable us to render perfectly intelligible the principles enunciated above.

In the month of September 1835, Deneux sent to that eminent surgeon a little girl born with atresia of the rectum. The natural apertures of the anus and of the vagina existed externally in a normal state of conformation ; but on introducing the fore-finger into the anus, Amussat found a passage into the vulva ; on penetrating deeply backwards, the progress of the finger was checked by a cul-de-sac at the bottom of which was the cervix uteri, and, in feeling to the left for the sacro-vertebral angle through the posterior wall of this duct, he detected a flat body which shrunk from the finger, and was constituted by the imperforated extremity of the rectum. To render more intelligible the respective position of these various organs, we present in the following page a sketch from the diagnosis made on the occasion. It will be perceived that the cul-de-sac of the rectum, situated above, behind and to the left of the sacro-vertebral angle, was almost on a level with the cervix uteri, and that the vagina, larger than usual, alone occupied the cavity of the pelvis. (V. pag. 100.)

With these anatomical data, the operation will be readily understood. It was performed in the following manner : the child was placed on a table, as if it were about to be operated on for lithotomy. Amussat made with a bistoury, the blade of which was very short and convex on the edge, a transversal incision, from 7 to 9 lines in extent, at the back of the vaginal anus ; another incision in the direction of the coccyx gave the form of a T to the aperture by which he introduced his finger to obtain a passage between the vagina, the coccyx and the sacrum. He divided with the knife and lacerated the cellular tissue, which united these parts. A sound placed in the vaginal anus preserved the posterior wall of the vagina from perforation ; he penetrated to a depth of about two inches, and there met with the extremity of the bowel, which he determined on fixing with a double hook ; and by drawing it towards him, he disengaged the intestine from the feeble adhesions which surrounded it on all sides, except on that of

the vagina, and brought it to a level with the skin, where he was compelled to resort with much caution to the bistoury.



A, cul-de-sac of the rectum ; B, vaginal anus ; C, coccyx ; D, cervix uteri ; E, bladder ; F, recto-vaginal duct.

The experiments Amussat instituted on living animals had taught him that the *essential condition* for the success of an artificial anus is to cause the level of the skin to be exceeded by the mucous membrane of the intestine, in order to prevent fecal matter from filtrating between this organ and the aperture made in the integuments. He placed six or eight sutures on the circumference of the wound of the intestine, so as to cause the mucous membrane to expand outwardly, in the shape of a funnel. Little blood flowed pending the operation, and the consequences of the latter were very simple. The threads fell off from the fifth to the tenth day. At the end of twelve days, the artificial



aperture began to contract and to assume the appearance of a natural anus. The child soon recovered, retained her feces, and, some months after, was taken to Dublin, where she was placed under the care of Sir Ph. Crampton. In 1852, Dr. Alphonse Amussat saw the young lady, whom Sir Philip had recommended to his father, to ascertain whether there was anything to be done with a view to her marriage. Miss X..., whose excellent state of health was attested by her complexion, had always concealed her infirmity from the persons about her, by simple attention to cleanliness. Amussat merely advised that the perineum should be carefully watched during parturition.

In cases of this kind, Amussat rejected the process of opening the cul-de-sac of the rectum with the bistoury or trochar, and of allowing the fecal matter to escape through a sinus. The children he had operated on in that manner had died. He laid it down as a principle that the intestinal mucous membrane must be attached to the skin, so as to prevent the excrement from filtrating between the bowel and the integument. He intended, however, in any case presenting the same anomalies as Deneux's little patient, to slit the vaginal anus at the back and laterally, and likewise to divide a portion of the posterior wall of the vagina; to remove the mucous membrane around the sphincter and to bring down the intestine, in order to fix it at the orifice. Miss X... retained feces perfectly well; but Amussat did not the less think that, in a similar case, it would be much more satisfactory to unite the extremity of the intestine to the normal anus.

When all attempts to establish the anus in the region of the coccyx have failed, nothing can be done except to give up the child to certain death, or to make a passage for the feces through the abdominal parietes.

Two methods have been proposed for attaining this end. One consists in opening the intestine in the iliac fossa: this is Littre's method; in the other, the colon is opened in the left lumbar region, according to the precepts of Cal-lisen. We will examine both these procedures:

Littre's idea, promulgated in 1710, was realized for the first time in 1776 by Pilore, of Rouen. The operation is performed in the following manner: the child being laid

on its back, a long incision of from  $2\frac{1}{4}$  to 3 inches, beginning on a level with the anterior superior spinous process of the ilium, and directed in a parallel line with Poupart's ligament, is conducted to the left iliac region. The different layers, which constitute the abdominal wall in this point, are successively divided with caution. The peritoneum being opened, the operator seeks for the sigmoid flexure of the colon ; when it is found, a thread is passed behind, in order to keep it opposite the abdominal aperture. A longitudinal incision is made in the bowel, and by means of sutures the lips of the intestinal section are joined to those of the abdominal wound. This operation is often rendered difficult by the presence of the small intestine and by the variable position of the large intestine.

Mr. Huguier, in the recent discussion, reminded his hearers and demonstrated by plates and by the exhibition of the abdominal cavity of a foetus before the Academy, that the sigmoid flexure in the new-born infant has not the fixedness it presents at a more advanced period of life. Up to the age of 18 months or two years, the sigmoid flexure presents considerable proportions in length and volume ; it is consequently somewhat confined in the left iliac fossa, so that it assumes a transversal direction above the inlet as far as the right iliac fossa, and thence turns and descends from right to left into the cavity of the pelvis. This surgeon draws from this anatomical disposition, the constancy of which he has ascertained, the practical inference that, instead of seeking the dilated part of the rectum backward and on the left side, as is generally done when the operator's object is to re-establish the anus in its normal situation, it is expedient to direct the search in front and on the right side. In the same manner and for the same motives, for the purpose of performing Littre's operation, the incision should be made not in the left, but the right inguinal fold. In this respect, Dr. Trousseau entirely participates in Mr. Huguier's opinion, and very recently the learned professor, speaking incidentally at his clinical lecture of imperforate anus, recommended the following course : in the case of a child born with imperforation of the rectum, and no sign indicating the precise seat of the cul-de-sac of the gut, perform Littre's operation on *the*

*right* side, bring the sigmoid flexure outward, join the edges of the intestinal incision to those of the abdominal aperture, and, with a conductor inserted in the lower end of the intestine, go in quest of the extremity of the rectum. If the point of the conductor is felt by the hand in the region of the anus, at about one third of an inch from the skin, incise on that prominence and establish an artificial anus at the requisite point. Defecation taking place through that orifice, you subsequently close the inguinal anus; in the contrary case, i. e. if the distance which separates the cul-de-sac of the rectum from the perineum is too great to allow of the restoration of the natural passage, the anus made in the inguinal region becomes definitive and the child lives like those subjects mentioned in Mr. Rochard's cases.

This mode of proceeding is simple and seductive, but, relatively to the consequences to be drawn from the considerations presented by Mr. Huguier, it might perhaps be objected that the anatomical disposition, observed in children with a normal conformation, is not constant in those who present so grave an anomaly as the one in question; and thus, in the subject whose case we recorded, the lower extremity of the rectum was at the back and on the left side, instead of being in front and on the right, as it should have been, according to the law established by Mr. Huguier. On the other hand, the operation by Littre's method has disadvantages, the gravity of which cannot be compensated by the successful cases quoted by Mr. Rochard. As Dr. Malgaigne has observed, in this operation the peritoneum is injured, and, although peritonitis is less to be apprehended in new-born infants than in the adult, it does not the less constitute a real danger. Secondly, an anus placed in front of the abdomen is a repulsive infirmity, especially when the subjects are attacked with diarrhoea, a circumstance frequently observed in one of Mr. Rochard's patients. A last and very great disadvantage of the artificial anus in the inguinal region is necessarily to cause a predisposition to hernia.

For these various motives, Callisen, of Copenhagen, and subsequently Amussat, proposed to establish the artificial anus in the lumbar region, without penetrating into



the peritoneum. After long and patient investigation on this subject, Amussat proved, in 1839, contrarily to all received opinions, that, whenever the operation is indicated, a cellular space exists behind the left lumbar colon in children, which admits of the opening of the intestine between the reflexed folds of the peritoneum. *This cellular space is greater in proportion as the intestine is more distended*; an enlargement which the accumulation of feces and of gaseous matter occasionally renders enormous, and which materially assists the surgeon in his operation.

Amussat *substituted in addition the transversal for the longitudinal incision*. The following is his procedure: the child lies on his right side and an assistant, placing his hand under the patient's stomach, causes the left lumbar region to protrude. After having attentively observed the salient points of this region and marked with ink the three bony sides of the quadrilateral area, in which the operation is to be performed, the surgeon makes a transversal incision, slightly oblique downwards and penetrates more deeply, but with much caution, as in the operation for hernia. When the fatty textures in which the kidney is imbedded are reached, they should be slightly thinned with the scissors, in order properly to ascertain the state of the organs beneath. When a small portion of the kidney is exposed, the operator endeavours to recognize it by palpation, and, if he still entertains any doubts, they are best removed by seizing the supposed kidney with tenacula and incising it superficially. Then, if an error has been committed, the surgeon must seek still further, *an investigation much assisted by the transversal direction of the incision*, and he thus infallibly reaches the bowel. When this has been accomplished, the intestine must be fixed lengthwise with two tenacula and be perforated with scissors between the two instruments; the aperture is then somewhat enlarged and the intestine is fixed to the lips of the cutaneous wound by four twisted sutures, so as *completely to avoid* the passage even of liquid matter from the intestine into the cul-de-sac of the rectum. When the artificial anus is properly established, it is prevented from closing by the insertion of a small India rubber or soft ivory canula.

Amussat performed the operation on several children with imperforate anus by his process, and he always opened the intestine without injury to the peritoneum. The first infant operated on lived to the age of seven. The last, in whom he established an artificial anus in the left lumbar region, in May 1852, was removed to a foreign country some months after the operation, in the enjoyment of good health and properly performing its digestive functions. Dr. Alphonse Amussat, who, after having witnessed the operation, regularly watched the case during the child's residence in France, received, up to about a year since, the most satisfactory accounts of the state of the patient.

To sum up the whole, it may be said that surgery possesses two methods of remedying imperforation of the rectum, when it has *failed* in the region of the coccyx; Littre's method and that of Callisen modified by Amussat.

In the former, the peritoneum is opened, but the bowel, the position of which is uncertain, is not always found without difficulty and the surgeon is often, in addition, inconvenienced by the presence of the small intestine, and in time extrusion of the gut takes place, varying in length from one to four inches. In the latter method, the surgeon, guided by positive anatomical data, reaches the intestine without wounding the peritoneum, and the extrusion of the bowel, easily reducible by the aid of the canula, is never considerable. Hence, Callisen's method would seem to be preferable to the former in many respects, and yet it must be acknowledged that, in the discussion which has just taken place, it found favour only with Dr. Malgaigne. Mr. Rochard's remarkable investigations appear to have put an end to all difference of opinion and rallied all to Littre's method. At all events, it has appeared to us both useful and equitable to place, as it were, in juxtaposition of the success invoked by the skilful surgeon of Brest, that obtained by Amussat, and to furnish our readers with the elements requisite to form a judgement, with knowledge of the matter, on the points in litigation of this question.

## ART. 5610.

## HOTEL-DIEU.

( Professor Trousseau's wards. )

*The application of metals to the skin, a means of diagnosis and treatment, in nervous disorders.—Remarks on the internal exhibition of turpentine in neuralgia and puerperal diseases.*

We have remarked, of late, that, in order to ascertain the nature or confirm his previous diagnosis of certain nervous disorders, Mr. Trousseau uses metallic plates, generally copper or steel, an application derived from a method promulgated under the name of *metallo-therapia*, by Dr. Burq, in the year 1851. We shall, in the first place, record a clinical case illustrative of the utility of this means of investigation, and, in the second, endeavour to give some insight into Mr. Burq's method, and the principles upon which it rests.

An Alsacian peasant-girl, aged twenty, and suffering from hemiplegia of the right side of the body, was recently admitted into Saint-Bernard's ward, in the Hôtel-Dieu. The patient, who had not resided long in Paris, had menstruated late in life and the catamenial functions had never been regular. One evening, a man penetrated into her chamber; her menses, which were then flowing, were suddenly suppressed by the alarm she experienced, she fainted, and, on recovering from an unconsciousness of short continuance, she was paralysed on one side of her body. "Here, if ever," said Mr. Trousseau, "congestive metastasis on the brain might be supposed to have occurred," and yet he considered the paralysis to be entirely due to hysteria. In this case, the hemiplegia, which is not, it is true, a common result of mere congestion, rapidly yielded although no other treatment was prescribed but a bath, which doubtless had very little to do with the improvement. The patient, moreover, complained of acute pain in the fore part of the head, a symptom of frequent occurrence in hysteria. It is true that the spinal tenderness, more generally observed between the last cervical and the first five, six or seven dorsal vertebræ, was here



altogether absent, but common sensation was unequally distributed in the skin, several regions of which were quite insensible to pain. Under these circumstances, Mr. Burq was requested by Mr. Trousseau to apply his metallic plates to the integument. After some unavoidable research, common sensation was awakened on the back of the fore-arm by contact with a steel plate, and the dynamometer also showed an increase of muscular energy in the limb.

“This,” said Mr. Trousseau, “is most important with reference to diagnosis, for, when paralysis is the result of some organic change in the cerebro-spinal system, sensation and muscular power are almost invariably abolished, and in too lasting a manner to allow of any improvement from metallic excitation: this being the case, a correct diagnosis is a certain guide to prognosis and to an appropriate treatment.”

The day after her admission into hospital, the patient was bled from the arm, a course Mr. Trousseau was induced to adopt from the remark that, in similar cases, blood-letting is almost immediately followed by the appearance of the menses; in the present instance, his expectation in this respect was disappointed. After a short stay in hospital, during which the steel-plates were repeatedly applied with constant reproduction of sensation and increase of muscular power, the patient was discharged: the hemiplegia was cured, but of course not the hysteria, and she also preserved some disturbance of vision.

Chlorosis is another very common morbid condition, in which diagnosis is powerfully assisted by the external application of metallic plates. A careful practitioner will, doubtless, always readily discriminate this malady from anemia, in spite of the deceptive resemblance of the complexion and outward aspect in both diseases. In order, however, to dispel all doubt, it may be useful to have recourse to Mr. Burq's touchstone. In anemic subjects, common sensation is seldom modified, and though muscular power is comparatively smaller than in health, the diminution of contractility bears equally upon both sides of the body, and the right hand preserves its superiority of strength over the left. This might be expected to exist

also in chlorosis, but the contrary is observed. Chlorosis is a real cachexy more or less deeply rooted in the system, and persevering occasionally with deplorable tenacity; whereas anemia is a pathological condition always of recent origin, which readily yields to proper diet assisted by the exhibition of a small quantity of iron. In chlorosis, therefore, common sensation is always lessened, and, in one of our patients, who, for ten years, has been in a chlorotic state, and whose skin is insensible to pain in almost the whole of its extent, the diminution of muscular power is so marked, that, under the influence of the outward application of gold, in her case the active metal, her left hand displays, by the dynamometer, more strength than her right.

Agreeably to all generally received physiological notions, Mr. Burq admits in health the existence : 1. of a sanguineous circulation, centered at the heart, and intrusted with the duty of conveying the nutritious fluid into all parts of the body, even to the surface ; 2. of a nervous circulation centered at the brain and spinal cord, and transmitting, through the instrumentality of the nerves, the nervous fluid into the same organs, in order to preside over nutrition in all, contractility in some, e. g. the muscles, sensation in others and especially in the organs of sense and the integument. In health, the distribution of the sanguineous and nervous circulations is in some degree parallel ; but, if a pathological condition, deriving gravity from its intensity, its continuance, its nature, or from the fact that it interferes specially with nutrition, becomes domesticated in the system, the equilibrium, the parallelism above alluded to is immediately disturbed and destroyed.

We then observe those rapid and transient congestions of various organs, of various parts of the integument, alternating with anemia in the very spots previously the seat of congestive action, and hence sudden flushing or paleness, intermitting murmurs in the heart and large blood-vessels, an extremely variable frequency of the pulse, and sensations of heat and cold in different parts of the skin. Then also we notice, in serious cases of disturbance of the functions of the cerebro-spinal system, tonic or clonic spasms and convulsions, and concomitantly a diminution of muscular power always readily detected with the assist-

ance of the dynamometer. This instrument, of Mr. Burq's invention, shows that, whenever pressure with the right hand during health amounts to 80 or 100 pounds, pressure with the left does not exceed 70 or 80, the only exception being in favour of left-handed persons with whom the reverse is observed. Now, if a morbid condition supervenes, not only is strength decreased on the right side, but it ceases to preserve its proportion with the muscular power of the left side, and, although a patient may not be left-handed, an equal or even a higher amount of force may exist on the left side than on the right. But *amyosthenia*, as Mr. Burq denominates this loss of strength, indicates but an unimportant diminution of nervous influence upon the muscular system; in a more advanced form, true paralysis of motion is observed. The disturbances of the motor power of the muscles constitute, however, but one of the forms of diseased action of the nervous system. Thus this system not only presides over muscular contraction, but also over sensation, whether the term be applied to the organs of special sense, sight, olfaction, taste, etc., often modified or perverted by disease, or to general common sensation, in the integument. Common sensation, as Mr. Beau properly remarked in his memoir on anæsthesia (*Archives générales de Médecine*, 1848), should be divided into two sections: 1. sense of touch; 2. sense of pain. When both senses are uninjured, common sensation is perfect; anæsthesia is present when the sense of touch is perceptibly diminished or destroyed; analgesia is said to exist when it is the sense of pain which has undergone diminution or has been abolished. We should premise that complete or even partial anæsthesia is far from common and is scarcely ever consequent upon analgesia; the latter deviation of sense is far more frequent, and is almost constantly to be met with as one of the premonitory signs of improper distribution of nervous influence, more particularly in the different forms of neurosis.

To recapitulate, we may therefore assert that no serious morbid condition of the system, no disorder of the functions of the body can exist for any length of time, without more or less disturbance of the equilibrated distribution of nervous influx and of the sanguineous circulation.



These preliminaries lead to a ready intelligence of the applications of metallo-therapy to the diagnosis and treatment of disease.

So early as February 4, 1850, Mr. Burq forwarded to the Academy of Sciences an account of the results of his researches, from which the author established that whenever a metallic plate or ring is applied to a paralysed limb (of course in the absence of organic change in the cerebrum), the patient, almost invariably after a few minutes, experiences a certain amount of tingling, and, if anæsthesia was present, the sense of touch returns, and where the sense of pain had ceased to exist, it reappears, as may be ascertained by pricking with a pin the parts lying under the ring or plate. Moreover, in the region experimented upon, a certain amount of heat, perspiration and weakness are discernible; after sensation has thus been restored, the dynamometer also shows that muscular contractility has evidently increased; and the patient, who previously possessed in his right hand an amount of strength equivalent, let us say, to 40 pounds, now displays an energy of muscular contraction equal to from 50 to 56 pounds, and the power of the left hand is also proportionately increased. We have stated that the reappearance of common sensation and of muscular contractility are preceded and followed by heat, tingling and slight perspiration; now these three phenomena are clearly but the result of excitement of the circulation. Thus the prick of a pin, which, previously to the experiment, produced no painful sensation and no outward appearance, now causes pain and even occasions the formation of a red areola, and sometimes is followed by the oozing of a small quantity of blood. If the plate be removed, the symptoms which had followed its application gradually subside, and are reproduced by a fresh resort to the metallic appliance, until they at last become stationary, a result to be expected only from several days of successive experiments. The sense of local debility, consequent upon the use of metals, is, according to Mr. Burq, produced by the withdrawal of a certain amount of the nervous fluid by the plate, and constitutes a subtraction of nervous influence analogous to the subtraction of blood in phlebotomy.

As to the choice of metals, experiment alone can guide the operator. It is by the successive application of various plates upon the insensible and weakened part that the metal most appropriate to each case can be ascertained; copper, steel or iron, silver or gold, or an alloy of two or more of the above metals, will thus be found most efficient. The particular metal once decided upon, Mr. Burq is of opinion that the utility of its external application will be much increased by its internal exhibition. Thus a chlorotic patient, sensitive to copper, will in vain be treated by iron, whilst her disease will rapidly yield to the internal administration of preparations of copper, at the same time that the application of plates of the same metal to the skin will re-establish the equilibrium of common sensation in the skin and contractile power in the muscles.

To discover the metal most appropriate to each individual, is, as it were, to use Mr. Burq's expression, to feel the pulse of the nervous system : a novel and ingenious view replete with important practical consequences.

—Hitherto essential oil of turpentine has seldom been used in France, except for the purpose of counter-irritation, and chiefly ranked among the resources of veterinary medicine. Internally, the syrup was prescribed, or the essential oil solidified by some process, the object being to modify, by the substituting method, the condition of mucous membranes in a state of chronic inflammation, attended with excessive secretion. Thus turpentine was exhibited for chronic bronchitis with abundant bronchorrhœa, and in old cases of gonorrhœa in which the disease had extended to the mucous lining of the bladder, ureters or kidneys. In the early stages of consumption, Mr. Trousseau had found turpentine particularly beneficial, not that he expected by its use to modify the morbid deposit in the lung, but with a view to the removal of the phlogosis, which almost invariably, at least in a latent manner, accompanies its formation. The professor is still in the habit of prescribing to consumptive patients the syrup of turpentine in doses of 1 to 2 oz. daily.

Our readers are also aware that Mr. Trousseau, for

some years, has recommended in obstinate cases of sciatica the following enema :

*R.* Ol. ess. terebinth. . . . .  $2\frac{1}{2}$  dr  
 Vitelli ovi. . . . . N. 1  
 Aquæ. . . . .  $3\frac{1}{4}$  oz.  
 Laudan. liq. Syd. . . . . 26 m.

Make the oil into an emulsion with the yolk of the egg, add the water gradually, and finally the laudanum. This mixture should be divided into two parts, one of which is injected in the morning, the other at night. A simple enema of warm water should first be taken, and, when it has been returned, the emulsion should be injected in as little water as possible. The treatment must be continued for several days, or a relapse is to be feared.

In England, however, turpentine has been applied to more important uses, and Mr. Trousseau now prescribes it, according to the precepts laid down by Dr. Graves, of Dublin, with much benefit to women suffering from puerperal symptoms. The extreme gravity of the phlegmasiæ, consequent upon parturition, due precisely to their tendency to suppuration, is a well known fact; whether the inflammation is limited to the peritoneum, extends to the subjacent cellular texture, or spreads to that in which the iliacus internus and psoas muscles are imbedded, the anxiety these symptoms occasion is the same. In these various circumstances, unconnected of course with epidemic influence, against which the resources of science are generally unavailing, Mr. Trousseau has derived advantage from the exhibition of large doses of turpentine in combination with opium. Under the influence of this treatment, feverishness yields, the pulse loses its frequency and becomes fuller, the abdominal pains and tenderness decrease, and finally secondary suppuration is less common. If, at the period of the admission of the patients into hospital, the feverishness has already abated and abscesses have formed, the Professor still perseveres in the use of the same medicine, under the impression that it will conquer the inflammation, which still lingers around the abscesses. With regard to purulent collections, they disappear, it is true, very seldom indeed, but after a time, and therefore with little peril to the patient, they open ei-



ther in the intestine, or the bladder, if they are situated beneath the peritoneum ; or generally in the inguinal region, if they occupied the sheath of the psoas, or iliacus muscles.

We are unable to point out the precise mode of action of turpentine in these various instances. Its administration, in such cases, is altogether empirical, and Dr. Graves and Mr. Trousseau recommend it much in the same manner, and without any more distinct motives in those erratic forms of neuralgia specially observable in women, and which cannot be satisfactorily traced to any particular cause or to any anatomical change.

Last year, Dr. Bonfils noted in Mr. Trousseau's wards, and recorded in the *Bulletin de Thérapeutique* two interesting cases of puerperal peritonitis, which were speedily checked by this treatment. The first of these patients was, concomitantly with peritonitis, affected with pleuropneumonia on both sides of the chest, and, in spite of this dangerous complication, she recovered in the space of seven weeks. The second case had a less fortunate issue, but the puerperal symptoms had completely yielded, when morbid manifestations of a different nature made their appearance, and she was carried off in all probability by a putrid disease. In both these instances, the medication was instituted as follows :

In the first case, opium was prescribed in pills and turpentine in enemas. Five pills of one sixth of a grain each were at first taken during the day ; the dose was then increased to eight and finally to ten pills daily, opium being continued during thirteen days. The dose of the turpentine was at first  $2\frac{1}{2}$  dr. for two enemas, one in the morning, the other at night ; the quantity of turpentine was then gradually augmented to 5 dr.,  $6\frac{1}{2}$  dr. and 8 dr., and the latter dose was persevered in for a fortnight. The formula for two enemas was the following :

R. Ol. ess. terebinth.  $2\frac{1}{2}$ , 5,  $6\frac{1}{2}$ , 8 dr.  
 Vitelli ovi. . . . N. 1.  
 Aquæ. . . . .  $3\frac{1}{4}$  oz.

Add to each injection five or six table-spoonfuls of decoct. radicis althææ or of the infusum lini. The enema to be retained as long as possible.

In the second case,  $\frac{5}{6}$  of a grain of opium were also

exhibited in pills during three days. The turpentine was swallowed in lichen capsules, each containing 15 gr. of the essential oil. The patient took six every day, two in the morning, two at noon and two at night.

Quite recently, in a case of erratic pains in the appendages of the womb, in a young woman whose catamenial periods were irregular, Mr. Trousseau prescribed the following emulsion to be taken in four doses in the course of the day :

<i>R.</i> Ol. essent. terebinth.	1 $\frac{1}{4}$ dr.
Vitelli ovi. . . . .	$\frac{1}{2}$
Syr. cort. aurant. .	10 dr.
Aq. melissæ. . . . .	2 $\frac{1}{2}$ oz.
<i>F. S. A.</i>	

Thus administered, turpentine preserves a most unpleasant taste, and, in private practice, it is more conveniently exhibited in small gelatinous capsules of the size of an olive, which open and close like a needle-case. They are not expensive, and have the further advantage of being easily filled by the patient immediately before being swallowed, one by one, in a spoonful of water, in the course of the day.

It has been remarked that these gelatinous capsules are open to the objection of placing the essence in immediate contact with the coats of the stomach, and of causing thereby a certain amount of discomfort to that viscus when the protecting sheath breaks. Some practitioners prefer, therefore, to dilute the essence in some appropriate excipient, a method which is supposed to render the action of the medicine more general and milder. For this purpose, Mr. Perrens, Secretary-General of the Society of Pharmacy of Bordeaux, has proposed, in the *Union médicale de la Gironde*, to disguise the nauseous flavour of the turpentine by the addition of oil of peppermint; 15 m. of this oil, mixed with  $\frac{1}{2}$  oz. of turpentine, render the latter less unpalatable. Mr. Perrens recommends the following formula :

<i>R.</i> Vitelli ovi. . . . .	No. 1.
Ol. ess. terebinth. .	$\frac{1}{2}$ oz.
Ol. ess. menth. pip. .	15 gr.
Syrupi. . . . .	1 oz.
Aq. destill. minth. . .	3 oz.
<i>M. F. S. A.</i>	

In the case of very impressible women, who might not be able to overcome their reluctance to the above mixture, the turpentine may be prescribed in an electuary, and the following Mr. Perrens considers a satisfactory combination :

<i>R.</i> Ol. ess. terebinth. . . . .	2 gr.
Tragacanthæ . . . . .	10 dr.
Sacchari pulv. . . . .	5 dr.
Syrupi . . . . .	q. s.

Prepare a semi-fluid electuary, two tea-spoonfuls of which may be taken in a wafer impregnated with strong peppermint water.

We should however remark that, when turpentine is exhibited, as it is by Professor Trousseau, in capsules, followed, if necessary, by one or two drops of laudanum, it seldom causes any serious disturbance of the digestive functions. Appetite, it is true, sometimes diminishes, and some unavoidable nausea may be experienced, but the stomach soon, in most instances, becomes familiarized with the medicine, and the epigastric heat and cerebral excitement produced by the first doses of turpentine soon disappear altogether.

Dr. GONDOUIN.

#### ART. 5611.

### HOSPITAL SAINTE-EUGÉNIE.

(Dr. Bouchut's clinical conferences.)

*Remarks on the medical treatment of croup, and especially on its treatment by large doses of tartar emetic.*

The question of croup continues to engross a large share of public attention ; indeed, diphtheria is not only frequently observed in Paris and the departments of France, but has now crossed the Channel, and the English periodicals contain daily records of its progress in the counties which surround London. Like ourselves, our neighbours are engaged in discussions as to the nature of the disease, which some practitioners appear inclined to refer to the class of parasitical affections. Ignorant of the essence of the complaint, the greater number, Dr. George Harley amongst others, thus summarizes the treatment of *diphtheria* : Support the strength of the patient from the beginning, and be guided by the symptoms, as to the use



of local remedies. Genuine croup has, in some instances, required tracheotomy, but we find nothing to notice in the management of the children afflicted with this dire complaint.

This is the point towards which we are, at present, desirous of directing the attention of our readers. The tendency of the medication of croup to become exclusively surgical, in a great measure accounts for the fact, that the merely medical resources of science for the cure of the disease have been, in some degree, abandoned. Vomiting, it is true, may perhaps once or twice be induced by the exhibition of ipecacuanha, tartar emetic, or sulphate of copper, some local measures may perhaps also be adopted; but as tracheotomy, which must ultimately in many instances be resorted to, is more successful if no previous treatment whatever has been instituted, practitioners dread weakening the patient unprofitably, and consequently no active medical interference takes place. And yet, if no medication existed for croup, we should be compelled to admit that this disease has not always been so fatal as it is at present, or else that the most experienced practitioners have mistaken it for laryngismus stridulus, the records of science containing numerous instances of well authenticated recoveries from croup, supposed to be due to various more or less complicated forms of treatment, of which the purely medical element formed no unimportant part. Thus, if we merely glance over the thirty volumes of the collection of the *Journal of Practical Medicine and Surgery*, we find a considerable number of cases of croup cured by Valleix, Hufeland, Mr. Guersant, Mr. Bourgeois, physician to the educational establishment of Saint-Denis, Mr. de Mignot, Mr. Miquel, Dr. Cunz, Prof. Frize, Messrs. Gintrac, Forget, River, Dr. Frelitz, Messrs. Schwase, Bereinguier, Godefroy, etc. Amongst other circumstances, which remove all doubt as to the nature of the disease, we may notice an account of an epidemic by which the Royal School of the Legion of Honour was visited in the course of the years 1827 and 28. Of 700 inmates, 57 were attacked with the disease, and 5 died. Many of the patients had cough, difficulty in breathing, redness of the fauces, and a peculiar aspect of the countenance. One young lady recovered after ejecting a

shred of false membrane. In other pupils, greyish patches were observed on the tonsils, and were at once cauterized with the common muriatic acid found in trade. It occasionally happened that the rejected morbid secretions were immediately replaced by fresh exudations. The disease generally showed itself at first in the fauces or nasal fossæ, whence it extended to the air-passages, and twice pseudo-membranous deposits were noted at the vulva and the margin of the anus. Leeches and counter-irritation were found to be injurious, but timely and frequently repeated cauterization, in many instances, checked the progress of the disorder. Insufflations with borax, and gargles with the same substance also proved beneficial. When the air-passages were invaded by the disease, Mr. Bourgeois, physician of the establishment, derived advantage from the persevering use of emetics, kermes and decoction of senega.

In all these instances of croup, in which no recourse was had to surgery, emetics were the principal remedial agents, and this medication being even now the most powerful remedy to be resorted to in confirmed croup, before determining upon the operation, we deem it expedient to reproduce briefly a recent lecture of Dr. Bouchut upon this important subject, in reference to three children, whose cases we followed from the time of their admission into hospital to the period when they were discharged completely cured.

The emetics prescribed in croup, said Dr. Bouchut, are ipecacuanha, sulphate of copper and tartar emetic. Ipecacuanha acts in an uncertain manner; sulphate of copper is preferable, and its use has been occasionally successful. Four physicians, whose communications on the subject are recorded in the *Journal of Practical Medicine and Surgery*, Drs. Frelitz, Schwase, Bereinguier and Godefroy, have cured croup by prescribing, hourly and half-hourly, emetic doses of sulphate of copper. Tartar emetic, formerly used with benefit by Valleix, Hufeland, Cunz of Strasburg and River, is now regaining favour in the eyes of the profession. Valleix, in the *Guide du médecin praticien*, enumerates 53 cases of croup, in 31 of which tartar emetic and ipecacuanha were liberally prescribed; in the other 22 instances, the tartarized antimony was sparingly exhibited; 15 cures were observed in the

former series of 31, and in the second, 21 deaths occurred out of 22 patients.

Mr. Nonat had recourse to tartar emetic in three cases of confirmed croup, and three recoveries were the result. Quite recently, Mr. Constantin of Amiens asserts that he cured 40 cases of croup out of 51, by the exhibition of a daily quantity of 8, 15 and 30 gr. of tartarized antimony, in half-hourly doses. This gentleman, having had the opportunity of meeting other practitioners in consultation in cases of the same description, was enabled to demonstrate formally the efficacy of this medication. Mr. Bouchut has also therefore been desirous of testing the utility of emetics, administered in accordance with Dr. Constantin's method, and the following is the result of his first experiments.

A little girl, aged three, recovering from measles, was admitted into hospital on the 18th of January last. Cough was present, the voice was hollow, respiration difficult and wheezing, although; on auscultation of the chest, no other signs were detected beyond a small amount of sibilous rhonchus, the fauces, at the same time, being merely congested. In the night, three rather prolonged fits of suffocation supervened; on the 19th., the cough was hoarse and husky, the voice weak, the pulse 124, with trifling dyspnœa and complete preservation of common sensation; on the left edge of the tongue, a small diphtheritic patch was observed. A mucilaginous mixture was prescribed, with :

*R.* Antimonii potassio-tartratis . . . 8 gr.

Syr. papaveris. . . . . 4 dr.

One tea-spoonful to be taken every half-hour. The medicine occasioned vomiting four times, and numerous stools. The ensuing night, the patient was quiet, and on the 20th, the cough was looser, the voice remained clouded, and was extremely weak, the breathing was less noisy, the pulse rose to 128, the urine not being albuminous; the false membrane, which had been observed on the edge of the tongue, had disappeared. 8 gr. of tartar emetic were again prescribed, and an emulsion of almonds with 4 dr. of syrup of poppy. On the 21st, respiration was more free, and the tartarized antimony, which occasioned diarrhœa only, and no vomiting, was discontinued. The child appeared safe, when, during the night, a fresh fit of suffo-



cation again placed her life in jeopardy. The tartar emetic was resumed on the 22nd, at the same dose as previously. On the 23rd, the presence of albumen was detected in the urine, the cough was hoarse, and the voice weak; a few false membranes occupying the internal aspect of the cheeks were cauterized, and the antimonial mixture persevered in for three days. The fits of orthopnœa did not reappear, but the voice remained extinct; the child was pale, with deficient appetite; convalescence however set in, and the albumen, which had not been constantly found in the urine, having disappeared altogether, the patient was discharged on February 11.

In the above instance, the corpus delicti was absent, no false membranes having been ejected; but exudations existed in the mouth, and the presence of pseudo-membranous croup might legitimately be inferred.

In a second patient, aged seven, signs of no doubtful character bore witness to the nature of the disease. On Feb. 1, on her return from school, the child complained of head-ache; on the second, she suffered from sore-throat, and took an aperient and an emetic; on the 3rd, the voice became gradually weaker, the respiration sibilous and loud; on the 4th, she was admitted into hospital, where, besides the above phenomena, prostration and a hoarse cough were noticed. On the left tonsil a round whitish patch about three lines in diameter was detected, and also another of smaller dimensions on the right tonsil. They were both touched with lunar caustic, and the tartar emetic mixture (8 gr.) was prescribed. The medicine produced abundant vomiting, during which numerous false membranes were rejected, and the immediate consequence was an improvement of the breathing, which lost its wheezing character; but in the evening, the difficulty of respiration returned, the voice became extinct, and suffocation imminent; warm water was exhibited to assist the action of the tartarized antimony, and the patient threw up a tubular false membrane from two to three inches in length, and several smaller shreds. On the 5th, false membranes had again formed on the uvula, the cough was looser, and the urine contained no albumen. A mixture with 12 gr. of tartar emetic was prescribed, and produced vomiting

six times, and two loose motions. The treatment was persevered in the 6th and 7th, and the antimony was discontinued on the 8th, an emulsion of almonds with 4 dr. of syrup of poppy being substituted in its stead. On the 10th, the left tonsil and the nostrils were still occupied by a few false membranes, but the child was in good spirits, the appetite was satisfactory, the cough was clearer, the breathing perfectly free, and, by Mr. Bouchut's advice, the child was removed to her parent's home.

Lastly, a tall girl, aged thirteen, who had been admitted into Sainte-Eugénie Hospital, in Sainte-Margaret's ward, No. 21, for the treatment of a patch of favus, was attacked, on January 27, with the indisposition premonitory to diphtheritic angina. On the 28th, false membranes were detected in the fauces, and were immediately cauterized; but on the same evening, breathing became impeded, the cough hoarse, and the voice weaker. Cauterization was again resorted to, and a mixture was prescribed, containing 4 gr. of tartar emetic. On the 29th, the condition of the child not having improved, cauterization was reiterated, the dose of antimony was doubled, and a lumbric worm was expelled without any false membranes. The treatment was persevered in on the 30th, and on the 31st a mucilaginous mixture, with 4 gr. of tartar emetic and 4 dr. of syrup of poppy, was exhibited. On February 1, the menses appeared for the first time, and a simple gargle with honey of roses was ordered, together with a mixtureedulcorated with  $1\frac{1}{2}$  oz. of mulberry syrup. On the 8, the cough was loose, the voice strong and natural, and the appetite was restored. The patient was discharged on the 12 th.

In this case, the urine became albuminous eight days only after the beginning of the disease. The second patient barely presented traces of albuminuria; but in the first observation, variations in this respect were noticed from one day to another, the albumen being occasionally altogether absent; and thus this symptom, which has been represented as a sign of general diphtheria, seems most inconclusive, if we are to judge from the evidence of the above facts.

To return however to the important question before us, we find that, in these three cases, and more conspicuously

in the second, the recovery was unquestionably due to the tartar emetic. But the usual dose of one or two grains is inadequate, in the treatment of croup, and the medicine should be exhibited in sufficient quantities to occasion a powerful and reiterated dynamic perturbation. We must therefore follow Mr. Constantin's example, and prescribe at once from 8 to 16 grains of tartarized antimony, with the addition of syrup of poppy, and every half-hour administer the remedy in tea-spoonfuls, so as to promote frequent vomiting, which affords the best chance of cure. When, on the contrary, the antimony is not rejected from the stomach, an unnecessarily powerful aperient effect is produced, and the patients fall into a state of exhaustion, which may prove dangerous. We may add that, in the second case above recorded, the nurse observing a fit of dyspnœa, which she rightly conjectured to be due to the presence of a false membrane in the larynx, ventured at that critical moment upon a double dose of the tartar emetic, and immediately afterwards gave the child two glasses of warm water. Under the influence of these adjuvant measures, the child threw up, with a violent effort, a membranous cylinder from 2 to 3 inches in length.

So much for emetics.

Inquiring into the relative value of the other remedies recommended for croup, Mr. Bouchut then successively appreciated venesection, alteratives, counter-irritants, solvents, etc. He showed that, in spite of blood-letting and leeches, croup progressed unfavourably; this may be true, but not without restriction, as in many instances the disease sets in with inflammatory symptoms, and the exsudation of false membranes takes place subsequently; we should therefore discriminate between incipient and confirmed croup. Blood-letting, injurious generally, or to say the least unnecessary in the latter, may not be altogether without benefit in the former. If the physician is summoned at the outset of the symptoms, as soon as hoarseness begins, we are of opinion that cupping or a few leeches, the bites being carefully watched, and, if necessary, touched with the sesqui-chloride of iron, may be applied with advantage.

For the purpose of destroying the plasticity of the blood, and preventing the secretion of false membranes, Mr. Bre-



tonneau has tested the utility of calomel and mercurial preparations exhibited so as to produce salivation ; but this debilitating method of treatment has been abandoned in favour of the alternate exhibition of calomel and alum, a medication recommended by Mr. Miquel, of Amboise, and which occasionally has proved successful. (Vide Art. 3914.)

At a certain time, solvents were in high repute. Viewed theoretically their action upon the morbid secretions was admissible, false membranes steeped in an alkaline fluid having been found to lose their cohesion and their consistency, and it was therefore considered it might be useful to introduce into the blood bi-carbonate of soda, Vichy water, chlorate of potash or soda, etc. But although the circulating fluid might be saturated with alkaline substances, the human body was found to be somewhat different from a test-glass ; the conditions of experiment were ascertained to be dissimilar, and it was shown that even alkaline gargles did not yield results in any way comparable to those obtained from maceration prolonged during twenty-four hours. Mr. Bouchut however occasionally prescribes bi-carbonate of soda in croup ; he also considers that chlorate of potash, a medicine of unquestionable efficacy in pultaceous affections of the mouth and larynx, is, although in a lesser degree, a useful adjuvant of cauterization in patients affected with genuine diphtheria.

Besides these various medications, the principal forms of which only are here indicated, we may mention sulphurous preparations. In the *Medical correspondence* of the present Number will be found a letter containing an account of several cases of croup cured with sublimed sulphur. At Rheims, Mr. Bienfait has also been successful in the treatment of this disease by the exhibition of the tersulphuret of potassium. Although this remedial agent may not be possessed of the specific virtues attributed to it in 1808, it certainly has the advantage of promoting the secretions of mucous surfaces, and of decreasing their viscosity, a circumstance favourable to the detachment of false membranes. For this reason it has been recommended to the attention of the profession by Messrs. Rilliet and Barthez. It may be administered internally in doses of six or eight grains every day during the continuance of the

disease, in honey, milk or syrup. We reported in our January Number (Art. 5586) a case of croup which terminated favourably under Mr. Bouchut's care, the treatment instituted being of a complex description, and the sulphuret of soda having appeared to exercise a beneficial influence upon the progress of the cure.

From the above rapid statement we may conclude that, in presence of croup, the medical practitioner is not altogether unarmed. To say nothing of sulphate of quinine, of perchloride of iron, both as an internal medicine and an external application, of senega, etc., the remedies we have enumerated may be prescribed in combination with each other, and lead to satisfactory results. It is, therefore, perfectly correct and legitimate to have recourse to their use; in the instance of croup, it would be equally improper to remain a passive spectator of the disease, as to refuse to make any attempts at taxis in a case of strangulated hernia, or to decline to exhibit coffee or belladonna for the purpose of inducing a reduction of the intestinal protrusion, because the cutting operation generally succeeds better when the usual accessory means of treatment have not been previously resorted to.

H. CHAILLOU.

#### ART. 5612.

### HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

#### *A new case of spontaneous gangrene caused by emboli.*

The question of emboli is full of novelty and interest. Professor Spring, of Liege, stated last year, in the journal *le Scalpel*, that so far back as 1832 Mr. François, of Louvain, had suggested the idea that arterial obstructions might sometimes be accounted for by the presence of loose coagula propelled by the circulating fluid. But ten years ago only, in opposition to the theory of arteritis viewed as a cause of spontaneous gangrene, Virchow promulgated the pathological doctrine of secondary thrombus or emboli. This eminent practitioner demonstrated, with the assistance of the microscope, that the creamy substance, situated in the central part of these clots, instead of being constituted, as was supposed, by pus, was merely vitiated

fibrin in a softened and semi-liquid condition. He further established that, from this very fact of being softened, or in consequence of mechanical attrition with the particles of the blood, a coagulum originally forming in the heart, for instance, might be divided, and that one of its fragments, propelled into the blood-vessels, might penetrate into a more or less distant artery, obstruct its cavity in the manner of a piston (*embolos*), and occasion, as a consequence, the mortification of the parts thus deprived of arterial blood, unless the vitality of the tissues was preserved by active collateral circulation. Subsequently to Virchow's researches, Messrs. Schutzensberger, Spring, Gubler and others corroborated by their investigations the theory of erratic coagula. The cases hitherto recorded in proof of the existence of emboli are, however, but few in number, and as this curious pathological question requires for its elucidation a commanding mass of facts, we consider it desirable to reproduce the remarks which fell from Mr. Nélaton at one of his clinical lectures, on the occasion of a case of spontaneous gangrene which terminated fatally.

A woman, who for twenty five years had been in the service of the eminent professor's brother, was in the enjoyment of perfect health when, on the 9th of December last, she complained of general uneasiness, attended with a slight, dry cough, and a certain amount of distress in ascending the stairs. This indisposition did not, however, interfere with her usual avocations; but, on the evening of the 14th, she was suddenly seized with excruciating pain in the region of the heart, with great anguish, orthopnoea and an overpowering presentiment of impending danger. M. Nélaton was summoned during the night and found the pulse extremely irregular, and the action of the heart much disordered. Suspecting the presence of endocarditis, he prescribed fifteen leeches to the præcordial region, an application which gave speedy relief. The improvement next morning was so evident and the patient so calm, that she congratulated herself upon an escape from what seemed to have been great peril. The symptoms, however, having presented an unusual amount of severity, Mr. Nélaton considered they belonged more specially to the province of pure medicine, and he requested Dr. Beau



to examine the case. This gentleman carefully investigated the condition of the organs of circulation and respiration, and, being unable to detect any signs of structural disease in the lungs or heart, concluded that the paroxysm of the previous night was in all probability referrible to asthma. On the very same evening, however, towards five o'clock, the patient complained of intense pain in the right leg, analogous to cramp, for the relief of which sedative frictions were resorted to ; on the 16th, Mr. Nélaton discovered the following appearances in the limb which was the seat of suffering : the leg was cold, colourless, and presented the paleness peculiar to the extremities of drowned persons ; it was likewise insensible to the touch and even to rough contact. The arteries of the foot, leg and thigh were pulseless, and it was even impossible to detect any throbbing in the iliac fossa by deep palpation above the inguinal fold. The spontaneous pains in the leg continuing with the same violence, Mr. Nélaton, taking into account the serious character of the disturbance existing in the organs of circulation, prognosticated approaching gangrene, and prescribed stimulating liniments, warm applications, alcoholic embrocations, etc. Livid patches made their appearance after a few days upon the foot and leg, and subsequently the mortified extremity assumed a dry, hard, mummified aspect.

The course to be adopted under these circumstances presented some uncertainty ; to await spontaneous elimination, was to abandon the patient to excruciating pains for which opium was unavailing ; moreover, the constitution of the patient was evidently sinking ; it was therefore necessary to interfere, and, on February 6th, forty-five days after the first manifestation of the symptoms, the leg was amputated immediately below the knee.

Unfortunately the operation was not to save the patient : the pains continued, and eight days later she died, either from the exhaustion they occasioned, or from puriform absorption. The post-mortem examination was of course highly interesting ; it was conducted with the utmost care, and the cooperation of a skilled microscopist, Mr. Robin, was secured. The following changes were detected in the left cavities of the heart : one of the

chordæ tendineæ of the mitral valves was in a state of ossification, a not uncommon circumstance in elderly subjects; the left auricle contained a coagulum from 4 to 6 lines in diameter, of a red colour, dotted with sunk whitish specks and adhering with a moderate amount of cohesion to the internal aspect of the appendix auriculæ. This coagulum was divided with the knife, and from its centre escaped a white fluid; which Mr. Robin examined with the microscope, and ascertained that it consisted not of pus corpuscles, but of vitiated fibrin, generally called puriform fibrin. According to the learned micrographer, this coagulum had at the least two months' existence. Nothing worth notice was observed in the course of the aorta; but, at the bifurcation of that artery in the abdomen, in the cavity of the right common iliac and as far down as the femoral arch, was found a long coagulum different in aspect from that above described; it was softer, darker in colour, moderately adherent to the artery in all parts except in the vicinity of the internal iliac, where it was closely united to and enveloped in the inner coat of the vessel. Examined with the microscope, the coagulum, different in this respect from the clot found in the auricle, seemed entirely to consist of unaltered fibrinous granulations. In the right cavities of the heart, a loose coagulum was found attached to the edge and apex of the tricuspid valves, and two other clots existed in the auricle, one of which was wrinkled and covered with a serous coating, adhered at its extremity in two points, and was evidently of long standing.

The above is a rough statement of the case; all the details of which Mr. Nélaton entered into; it now remained for him to interpret their significance as to the ætiological questions suggested by spontaneous gangrene. These questions are the following:

1. Is spontaneous gangrene to be considered as the result of arterial inflammation, or of coagulation of the blood in a limited space of the arterial system?

2. Admitting the possibility of coagulation of the blood, independently of previous arteritis, the next point to be elucidated is whether the coagulum has formed *in situ*, or whether, having been formed in some part of the arterial

system, it may not have been conveyed by the impulse of the blood to some other more or less distant part of the same system?

The first question meets, in the case above recorded, with a peremptory answer. In the patient whose history we have related, neither during life, nor after death, were any signs of arterial inflammation detected; no swollen and rigid chord was noticed, nor any vascularity of the cellular tissue surrounding the artery. The artery was, on the contrary, smaller and more flaccid than usual: its walls were soft, flexible, not congested and displayed no signs whatever of acute inflammatory action. The substance obstructing the iliac artery was therefore clearly a *coagulum*, either formed *in situ* or which had drifted with the blood and had been checked in its onward course in the vascular trunk where it was found. On account of the difference of composition of the coagula of the heart and of the iliac artery, Mr. Robin did not think himself justified in referring them both to a common origin; and he therefore did not consider the latter as an embolus or erratic coagulum, but as one which had formed in the iliac artery. We must, however, hasten to state, whatever weight we may attach in this matter to the opinion of so eminent an observer as Mr. Robin, that the differences noticed between the two coagula, perhaps ascribable to their more or less recent formation, or to the relative circumstances which attended it, did not appear to Mr. Nélaton sufficiently important to induce him to adopt the same view as his learned colleague.

Mr. Nélaton could not forget that, above all, he was a clinical observer, and that the combination of symptoms observed in the case under discussion had, from the first, pointed to the probable existence of an embolus. The more the case is investigated, the more admissible this supposition appears. The subject being in the enjoyment of good health is for some days attacked with indisposition, marked by dyspnœa unconnected with bronchitis, and dry cough; suddenly the region of the heart becomes the seat of most alarming symptoms, and after four or five days of unutterable anguish, her sufferings subside, and the patient experiences the indescribable feeling of satisfaction, generated by the consciousness of escape from immense peril.



A gentleman well skilled in the science of diagnosis carefully examines the chest without detecting any cause for further anxiety; and yet the reprieve is only temporary, and on the very same evening, the cessation of the cardiac symptoms is followed by all the premonitory signs of mortification of the inferior extremity, consequent upon interruption of circulation of blood in the common iliac or the external iliac artery. It seems almost impossible, in presence of the successive occurrence of these various phenomena, not to admit that the mischief began at the heart; that the cause of the symptoms was thence subsequently removed elsewhere, and that this displacement coincided with the interruption of the course of the blood, which, finally and inevitably, occasioned gangrene of the limb.

Mr. Nélaton further remarked that cardiac coagula were not very uncommon. He stated that, in a little girl who died suddenly at the Hospital for Infancy, he found in the heart a coagulum of the size of a grape, dark in colour, feebly adherent to the parietes, and containing in its centre a puriform fluid which, doubtless, was merely vitiated fibrin. Many anatomists have met with similar instances of coagula more or less loose in the ventricular cavities. What is to prevent a clot of this description from being carried away? Nothing can be more readily understood than this migration, which is further demonstrated by the most superficial examination of the facts on record. Emboli are chiefly found in the lower extremities, because the abdominal aorta supplies for these erratic coagula a broad passage more direct than the course of the carotids. When embolus occurs in the upper extremities, it is more frequently found on the right side, because the *arteria innominata* is larger than the left common carotid, and the obstruction is checked in its progress at the bifurcation of the brachial artery, in the same manner as at the bifurcation of the abdominal aorta, at the origin of the internal ilia *cor* of the profunda femoris.

An unquestionable fact is that these clots have been found in a state of freedom or very loosely attached to the ventricular cavities.

We can see nothing unreasonable in the supposition that such coagula may be carried away with the blood. A

host of reasons may also be adduced in favour of the existence of emboli. To mention one only, which is of much weight, Mr. Nélaton related the case of a woman, who died in consequence of the progress of gangrene of the leg, and in whom Mr. Gubler found, at the lower part of the abdominal aorta, a geometrically shaped fragment of coagulum, the angles and irregularities of which corresponded exactly with the irregularities and angles of another coagulum occupying the orifice of the left ventricle. This was not the mere result of chance; the structure of these coagula is determinate: their external layer, yellowish and semi-transparent, is constituted by the fibrin of the blood, beneath which lies a dark mass, and in the centre of this a granular stratum of  $\frac{1}{3}$  of a line, or more, in thickness. Now, in Mr. Gubler's case, these three layers existed in both clots showing they had originally formed a single coagulum.

In Mr. Nélaton's opinion, the existence of emboli cannot admit of a doubt. Fifteen years since, this surgeon met with a most conclusive instance in the case of a woman who was supposed to be affected with cerebral hemorrhage, because the right arm had become insensible subsequently to slight indisposition, cough and præcordial congestion. Somewhat later it became necessary to amputate the arm, and a coagulum was found at the bifurcation of the brachial artery.

These extremely movable clots are not always productive of mortification. If one artery is obstructed, circulation may sometimes, as after ligature, be restored by the development of collateral vessels.

A lady from Elbeuf, who was troubled with palpitations, one day, while hearing mass, suddenly experienced acute pain in the leg. Two days later, arterial pulsation ceased in that part of the lower extremity, it became cold and insensible; but collateral circulation was developed without any mortification taking place. Three years afterwards, the patient died, and it is probable that her death was caused by a fresh embolus; for, from what we know of these erratic concretions, as Mr. Gubler terms them, clots may form in all parts of the vascular system, in the right cavities of the heart, for instance, or in the pulmonary artery, and thus bring on sudden death. In the pa-

tient referred to, an embolus may have been developed in the right cavities of the heart. This explanation has in some instances been offered, to account for sudden mortification of the lung and red softening of the brain.

## ART. 5613.

*Remarks on the treatment of gonorrhœa in man. Antiphlogistic medication; blood-letting, diluents, etc. (1).*

Blood-letting is of great importance in the treatment of inflammatory gonorrhœa, and is now too unfrequently employed. We are of opinion that its omission, in this case, is one of the causes which tend to protract the duration of the disease. Bleeding is peculiarly appropriate in young and plethoric subjects whom gonorrhœa surprises, in some measure, in the midst of exuberant health. Bleeding from the arm is however but little resorted to; it is repugnant both to the patient and surgeon, doubtless because the disease, being, in nowise dangerous, does not appear to require general blood-letting, and is most usually replaced by leeches on the perineum: unquestionably an excellent means, but which does not produce the completely sedative effect obtained from opportune venesection.

In very acute gonorrhœa, the application of eight or ten leeches to the perineum almost always diminishes the frequency of erections, and the occasionally very acute pains which accompany micturition. When the leeches fall off, warm fomentations should be applied to prolong the hemorrhage. We habitually recommend the patient to sit for half an hour at least over a vessel containing hot water, the vapour of which usually suffices to cause the blood to flow, the discharge being subsequently kept up by means of a poultice.

Some surgeons have recommended the leeches to be applied along the course of the urethra. This method, much practised by the late Desruelles, gave him, he used to say, satisfactory results, and might be principally found beneficial in cases of gonorrhœa with chordee.

In acute gonorrhœa attended with erythema or œdema of the sheath and lymphitis, we prescribe leeches (3 or 4

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(1) Vîzd. Art. 5587 and 5588.



only) at the root of the penis, in the peno-pubic angle, this region having been previously shaved. This treatment succeeds perfectly, and we advise it in all cases in which the cutaneous covering of the penis is the seat of inflammatory symptoms.

When a patient labouring under gonorrhœa feels acute pain in voiding urine, has frequent erections, etc., the surgeon should direct his attention to lessening the disagreeable effect produced by the passage of the urine on the mucous membrane of the inflamed urethra. Success in this cannot be attained, except by modifying the composition of the urine itself, a result chiefly to be effected by the use of beverages and by diet.

The beverages recommended in this case are : 1. pure water, which Vacca-Berlinghieri found the best diluent, because he considered it the drink the stomach can tolerate in the greatest quantity and for the longest time ; 2. emulsions, which constitute good diluents (we often recommend a mixture of milk and water in equal parts, or syrup of orgeat diluted with water) ; 3. mucilaginous beverages : gum-water, weak linseed-tea, infusion of quince-seed, etc., taken cold. We often prescribe several of these fluids at the same time, in order to overcome the repugnance of patients to continue the same drink for several days, and especially to take it in sufficient quantities to dilute the urine, i. e. to render it proportionally less rich in urea, in ammoniacal, calcareous and other salts. Food powerfully contributes to this result; and we are astonished at the little attention paid to it by practitioners : it should be almost exclusively vegetable. Abstinence from meat, exercises the most rapid and beneficial influence on the inflammatory symptoms of gonorrhœa.

Water and emulsive beverages taken in great abundance (4 to 6 pints in 24 hours), and vegetable diet, are sufficient, in many instances, to mitigate the pain of micturition, and to reduce the intensity and frequency of the erections. When these simple means are inefficient, it is expedient to administer opium, beginning by  $\frac{5}{6}$  gr., and progressively increasing the dose to  $2\frac{1}{2}$  gr. a day. We often substitute for extract of opium pills, an infusion of poppy (one poppy-head to a quart of water), of which the

patient drinks one half or the whole in the course of the day. The patients of our dispensary are frequently prescribed this beverage, which, in private practice, is not so acceptable; it is said to *lie heavy* on the stomach, and we have several times had occasion to observe that it does not easily digest.

When, in very acute gonorrhœa, we meet with certain symptoms in the region of the neck of the bladder (frequent desire to pass water, dysuria, etc.), we prescribe the following pills :

R. Extr. opii. . . . . 1 gr.  
 Extr. belladonnæ . . . . .  $\frac{1}{2}$  gr.  
 Pulv. rad. althææ. . . . . q. s.

F. S. A. Pilula, mitte 12.

One pill at bed-time and another, if necessary, in the morning, fasting.

Warm baths are beneficial during the acute period of gonorrhœa, but it is important they should not be at too high a temperature. The bath should be repeated every two or three days, and should be from an hour and a half to two hours' duration.

At times, with some subjects, the too frequent use of warm baths rapidly induces a sort of temporary debility, which, far from diminishing, almost invariably exacerbates the acute symptoms of gonorrhœa. Hip-baths may be substituted for entire baths; but we are not partisans of local bathing, warm and emollient fomentations, which patients have too much tendency to use to the exclusion of whole baths. We often prescribe, especially for the night, enveloping the penis in compresses of cold water.

It is useless to dwell on the importance of regimen as an adjuvant of antiphlogistics, all physicians are agreed on this question. We would however remind our readers that all exercises, which promote perspiration, must be absolutely interdicted, their effect being to increase the density of the urine.

F. CLERC, M. D.

## MEDICAL CORRESPONDENCE.

ART. 5614. OF SULPHUR TAKEN INTERNALLY, AND AS A TOPIC, IN THE TREATMENT OF PSEUDO-MEMBRANOUS ANGINA AND CROUP. — We have not a sufficient number of facts to authorize us to consider sul-

phur as a remedy for the daily increasing ravages of diphtheria; but we have reason to believe, from observations personal to ourselves, that this agent, already used by Dr. Duché, as a preservative from diphtheritic angina (1) might likewise present a valuable resource in the case of confirmed croup. Four times this year have we had the gratification of seeing cured, under its influence, children who seemed doomed to certain death.

Although this medicine can be ingested in various forms, our experiments have borne on sublimed sulphur (flowers or milk of sulphur) alone. We have exhibited it as an insufflation into the pharynx, frequently repeated, and internally, mixed with honey, in tea-spoonfuls from time to time, and in as large doses as possible.

We are but imperfectly acquainted with the mode of action of this substance; but if, as has been stated, the false membranes, which constitute the essence, the predominant character of diphtheria and croup, are really parasitical productions of a vegetable nature, sulphur, being pre-eminently the antidote to parasitic diseases, its use in diphtheria and croup would be perfectly justified. At all events, the success we have obtained seems to us of a nature to encourage practitioners to repeat our experiments, and we have therefore deemed it desirable to make known their results.

L. SÉNÉCHAL, M. D. Gentilly (Seine).

ART. 5615. COMPLETE EXTRUSION OF THE EYE, PRODUCED BY THE SHOCK OF THE JET OF A FIRE-ENGINE. REDUCTION FOLLOWED BY THE COMPLETE RETURN OF THE VISUAL FUNCTION. — The readers of the *Journal of Practical Medicine and Surgery* will not perhaps find devoid of interest the statement of a not very common case, which we witnessed. Mr. Sylvestre, a wheelwright, of la Chapelle, was engaged in working a fire-engine, when he received at a short distance, and full in his face the stream from the engine. The column of water struck with violence the lid of the right eye, pushed it forcibly back, and the palpebræ contracting under the double influence of the shock and the cold, energetically compressed the eye-ball, forced it forward, and expelled it out of the orbit by a kind of enucleation. The organ hung upon the cheek remaining attached merely by the distended motor muscles and the optic nerve. No words could depict the affright of the by-standers and of the patient, who, however, did not complain of much pain. I arrived within an hour of the accident; the reduction was most simple; but it will be readily understood that the patient, in consequence of the distension of the optic nerve, could not see with the injured eye.

Sedative and discutient compresses were prescribed; leeches were applied to the corresponding ear; the skin and the intestinal canal were acted on by mild revulsives. The faculty of distinguishing objects improved daily, so rapidly indeed, that, at the end of ten days, the patient's sight was as good as before the accident. Thirty months have now elapsed since that

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(1) Proceeding from the idea that a certain analogy exists between *ordium* and diphtheritic productions, Dr. Duché, of Ouanne (Department of Yonne), has been induced to try the use of sulphur for the purpose of obviating the invasion of diphtheritic angina. We read in the *Bulletin de Thérapeutique* that, during a four months' epidemic, Dr. Duché invariably remarked that persons who made a considerable use of flowers of sulphur (mixed with sugar or powdered liquorice), or of the sulphur lozenges commonly sold, escaped the scourge by which the locality was visited.



period, without any unpleasant consequences, except the recollection of the poor man's legitimate alarm.

REYSSIE, M. D. Romanèche (Saône-et-Loire.)

## SCIENTIFIC MISCELLANEA.

ART. 5616. EPILEPSY. TREATMENT BY ATROPINE. — We find, in the *Annales médicales de la Flandre occidentale*, a summary of experiments, which Dr. Maresch has instituted with atropine on epileptic patients, inmates of a lunatic asylum of Vienna.

Dr. Maresch's experiments extended to eight subjects of the female department of the establishment, and to ten of the section of the incurably insane, four men and six women. Of the first eight patients, three were completely cured, and the state of the other five so evidently improved that it was impossible to deny the beneficial effect of the medicine. Of the ten incurable lunatics, eight experienced a notable diminution in the violence and frequency of their epileptic seizures, and also in the exacerbations of their psychical disturbance. These results, united to those obtained by other practitioners, from atropine, in the treatment of epilepsy, are worthy of the most serious attention.

Dr. Maresch carefully noted the pharmaco-dynamic phenomena that occurred while he was administering the remedy. One fiftieth of a grain of atropine gave rise in all cases to the effects, which usually attend the exhibition of this agent, such as dryness of the throat, difficulty of speech, disturbance of sight, dilatation of the pupils, etc., phenomena to which the patients became gradually accustomed, but which nevertheless persisted throughout the whole duration of the treatment. In each of these cases, the pulse lost from 8 to 12 pulsations during the first hour after the exhibition of the remedy; but it resumed its normal frequency as soon as the other pharmaco-dynamic symptoms appeared. No notable acceleration of the pulse under the influence of the above dose of atropine was noticeable in any of the patients. As particular phenomena, in three cases, during the exhibition of the atropine, Mr. Maresch noted an exanthema, analogous to roseola, which soon disappeared by the cessation of the remedy and a few tepid baths. It is further worthy of notice that the atropine gave rise, in none of the patients, to disturbance of the digestive functions, or any other distressing symptoms whatever.

The exhibition of the remedy in question produced no good result in any of the other forms of lunacy. Small quantities produced no effect, and larger doses occasioned symptoms of poisoning, against which the physician had to contend without any favourable modification of the mental diseases being produced.

Dr. Maresch exhibits atropine in the following manner: he dissolves one grain in 500 drops of rectified alcohol, and administers from 5 to 10 drops of the solution, i. e. from  $\frac{1}{100}$  to  $\frac{1}{50}$  of a grain. This amount is given in one dose, in the morning before breakfast; a meal in which no tea, coffee or cacao are allowed, as these substances counteract the influence of the medicine. The atropine is continued uninterruptedly for 60 or 90 days, and is resumed after an interval of from 4 to 6 weeks. With females, it is unnecessary to suspend the use of the medicine during menstruation, which it promotes and augments. This substance rarely causes constipation; it more frequently induces diarrhoea which, if intense, necessitates the interruption of the treatment for some few days.

ART. 5617. DIPHTHERITIC ANGINA AND CROUP; SESQUI-CHLORIDE OF IRON. — Since the communication made by Dr. Jodin to the Academy of

Sciences, on the treatment of diphtheria by sesqui-chloride of iron (Vide Art. 5559), several practitioners have tried this agent not only as a topic, but as an internal medicine, appropriate to the adynamic and infectious character of the disease. Professor Natalis Guillot has prescribed it with benefit, and Dr. da Silva, of Bayonne, made the following statement on the subject, in the *Union médicale de la Gironde*, while the question of tubing the glottis and tracheotomy occupied the attention of the medical public:

“In eight *very severe* cases of diphtheria, six of which were diphtheritic angina *with croup*, and two of angina without croup, all treated without any result by ordinary means, I had recourse to brushing the pharynx with a concentrated solution of sesqui-chloride of iron. On each occasion, this operation caused vomiting, abundant salivation, and the expulsion of a large quantity of shreds of false membranes and of concrete matter. This remedial agent has perfectly succeeded with me, in affording prompt relief to the patients and in causing a favourable modification of the local affection; but finding this application powerless against general diphtheria, the thought occurred to me to use internally sesqui-chloride of iron in sugar and water, several times in the day. Thanks to this treatment, six patients were cured at the end of three or four days. (Two others had improved, but were still under treatment when this communication was written.)

“The following is a brief statement of the cases :

“I. A child eleven months old, attacked, August 25, after measles, with diphtheritic angina and croup. On the 27th, application of the sesqui-chloride of iron, morning and evening; sudden improvement, followed by symptoms of diphtheritic absorption: 5 drops of solution of sesqui-chloride of iron at 30°, in 1½ oz. of sugar and water (for the day). Recovery after six days' treatment.

“II. A little girl seven years of age, taken, August 26, with diphtheritic angina and croup. On the 28th, application of sesqui-chloride of iron, twice a day; improvement. On the 29th, signs of absorption: solution of iron (20 drops in 3¼ oz. of sugar and water). Cure in seven days' treatment.

“III. A boy of five, seized with diphtheritic angina on 5th September. The 7th, topical application of sesqui-chloride of iron. Cure by this sole means, after four days' treatment.

“IV. A child 21 months old, attacked the 9th September with diphtheritic angina and croup, with false membranes in the nose. On the 11th, application, morning and evening, and insufflation of a mixture of powdered alum and of tannin into the pharynx and nostrils. Signs of absorption being now manifest, the solution of salt of iron was prescribed in doses of 10 drops in half a glass of sugar and water. 8 days' treatment.

“V. A little girl of 6. Seized on 18th October with diphtheritic angina and croup. Symptoms of absorption on the following day: local application of sesqui-chloride of iron, three times in the twenty-four hours; internal exhibition of 15 drops of the solution in a glass of sugar and water. Cure in eight days.

“VI. A little girl, aged two. Attacked with diphtheritic angina and croup September 20. On the 22d, application and internal exhibition of 8 drops of solution in half a glass of sugar and water. Cured in 6 days.

“VII. Another child of two years of age. Attacked, on the 1st November, with croup without angina. The larynx was cauterized with the solution, the operation inducing vomiting, and the expulsion of shreds of

false membranes. Sudden improvement, but some apprehension of a relapse (still under treatment).

"VIII. A woman aged 24. Seized, November 1st, with acute diphtheritic angina and stomatitis. On the 2d, topical application of sesquichloride of iron, and exhibition, internally, of the solution, in doses of 30 drops in a glass of sugar and water. Improvement (still under treatment)."

After the cauterization, Dr. da Silva deems it requisite frequently to touch the parts affected with the following collutorium :

R. Ferri sesqui-chlorid. cryst. . . . .  $\frac{1}{2}$  dr.  
Mell. Narbonensis . . . . . 4 dr.

M.

In the *Dublin Quarterly Journal of Medicine*, Messrs. Heslop and Houghton report several cases, in which the exhibition internally of sesqui-chloride of iron was beneficially combined with applications of muriatic acid, and the salutary action of invigorating diet. These gentlemen do before tracheotomy, what Professor Velpeau does subsequently to this operation ; they compel their patients to take nutriment ; they prescribe soups, meat-jelly, wine, beer, and even a little brandy. In one of the cases, related in this article, the patient took, every three hours, two table-spoonfuls of a mixture composed of the following :

R. Aquæ . . . . . 8 oz.  
Tinct. ferri sesquichl. . . . . 3 dr.  
Acid. muriat. dilut. . . . . 2 dr.

In another case, the patient took, every four hours, in one dose :

R. Tinct. ferri sesquichlorid. . . . .  $\frac{1}{2}$  dr.  
Acid. muriat. dilut. . . . . 15 min.  
Tinct. opii. . . . . 10 min.

The addition of opiates would appear to promote the action of the medicine, the use of which should be persevered in until the restoration of the patient.

## PRESCRIPTIONS AND FORMULAS.

ART. 5618. APERIENT ENEMA FOR INTESTINAL OBSTRUCTION AND OBSTINATE CONSTIPATION IN THE AGED. — In the *Journal des Connaissances médicales*, Dr. Caffé inserts the formula of an enema, which has been frequently used with success in the course of his long career, by our respected fellow-practitioner, Dr. Richart, in cases of intestinal obstruction in aged subjects liable to obstinate constipation. The following is the formula:

R. Decoct. fol. malvæ sylvestris, meliloti  
et anthemidis. . . . . 9 oz.

Steep in this decoction, during two hours, a large handful of fresh and pared rue, strain, dissolve.

Sal. ammon. . . . . 1½ dr.

Add : Ol. Juglandis . . . . . }  
Mel. mercurialis. . . . . } aa 2 oz.

To be taken in two doses, at two hours interval, in a common enema.

## ART. 5619.

## LEARNED SOCIETIES.

ACADEMY OF MEDICINE. — In the first article of our present Number we mentioned that the subject of artificial anus had again been brought



before the Academy by Mr. Robert, on the occasion of a memoir communicated by Mr. Jules Rochard. As we stated, Mr. Rochard's paper contains five cases, which the learned reporter recapitulated as follows :

1. The first case is that of the child operated upon by Duret, on October 20, 1793 ; this is the first instance of success. Mr. Rochard has fortunately been enabled to complete the history of this patient, who, since his infancy, had been lost sight of. He died in 1836, at the naval hospital, of a disease unconnected with his infirmity. The body was dissected by Dr. Fouilly, and the anatomical preparation has been, since that period preserved in the museum of the Naval School of Medicine. The unpublished details of the description and a sketch of the preparation, which is of great historical interest, are annexed to Dr. Rochard's memoir.

To the artificial anus is superadded a tumour of considerable size formed by the extrusion of the inferior extremity of the bowel, a circumstance doubtless referrible to the carelessness of the patient, who never took the trouble to maintain the intestine in its proper place. The form of the protrusion is that of a slightly incurvated cylinder, and its length is four inches. The orifice of the superior extremity of the gut is wide, funnel-shaped and irregularly fimbriated. The aperture leading into the inferior intestinal extremity is much smaller, more regularly rounded, and occupies the apex of the tumour. The part of the digestive tube, situated below the artificial anus, is 10 inches in length and terminates in a cul-de-sac. No anal orifice exists, the skin spreading across the nates, from one buttock to the other without any change in its character. The imperforate extremity of the rectum is distant two inches from the integument, and the organs of generation are natural in every respect with the exception of a slight degree of hypospadias.

2. The second case refers to a woman who was operated, on January 26, 1813, by Dr. Seraud, 2d class surgeon of the Navy, and provost of the civil hospital. This patient Mr. Rochard has seen and questioned, and he further drew from nature a sketch of her tumour and added it to his paper. It is in every respect similar to that we have just described, except that it is of much less considerable magnitude. The patient never experienced any pain in the seat of the operation, digestion is accomplished with perfect regularity, and the motions are solid, periodical and, to a certain extent, under the influence of volition. When she feels a wish to relieve her bowels, it is ushered in by a feeling of uneasiness and of distension in the left flank ; she withdraws the compress and the circular waist-band, which constitute the entire apparatus, and replaces them when the intestinal contents have escaped, no stercoral matter ever oozing out in the intervals of the motions.

3. The third case relates to a lady who, on May 10, 1816, was operated on by Dr. Miriel, and who, since that period, has uninterruptedly inhabited Brest. Her health has invariably been most flourishing ; when unmarried she shared all the pleasures of society in the circle she moved in. Nothing, at the balls and parties in which she played a most active part, betrayed her particular infirmity, and she is now a widow, the mother of four healthy grown-up children, whom she herself nursed. Her pregnancies and confinements were all of the most natural description. She never experienced pain in the region where the operation was performed, and she has attained a degree of embonpoint in harmony with her time of life and her robust constitution. We can say nothing of the appearance of the artificial anus, which, from motives of delicacy, Mr. Rochard refrained from examining,

4. The fourth case is that of a woman also operated on by Dr. Miriel, and who died at the age of thirty, having suffered amputation of the leg five years previously for scrofulous disease of the bones of the foot. The history of this case was communicated to Mr. Jules Rochard by Dr. Mollet, head-physician of the civil hospital of Brest.

5. The fifth case refers to a boy who died at the age of fourteen from injuries of the head incurred in an affray. The tumour, which had never been properly supported and was reducible, had attained, at the time of the decease of the subject, a length of four inches. The above indications were likewise supplied by Dr. Mollet.

All these individuals were operated by Littre's method; in all those whom it has been possible to examine, the intestine gradually extruded to an extent varying from  $1\frac{1}{2}$  to 4 inches, and in all the cases presented the same appearance. We will further remark that the extrusion alluded to constantly and exclusively arose from the inferior division of the intestine. This fact of morbid anatomy, in itself remarkable, acquires a much higher degree of interest, when it is compared with what has been noticed in artificial anus resulting from incarcerated hernia or abdominal wounds. Thus, in these cases, as Sabatier pointed out for the first time, if the bowel prolapses, the protrusion belongs to the inferior part of the intestine. Hence it would appear that this form of prolapsus in artificial anus is inherent to the disease, a singular fact which we cannot account for without difficulty.

Occasionally, as in the fifth observation, the tumours are reducible, but generally the reduction is partial only. They are, however, insensible to the touch; the mucous membrane which covers them never inflames in spite of the contact of air and of the dressings, and in short they give rise to no morbid symptoms. The patients all belonged to the lower orders of society, a circumstance which in some measure explains why no attempt was made, no contrivance resorted to for the purpose of supporting these herniæ and preventing their increase. By early attention, it is probable that the infirmity referred to might be obviated or at least mitigated.

As we have stated, Mr. Robert sided with Mr. Rochard in the preference he expressed for Littre's method; the advantages it would seem to possess over Callisen's operation are the lesser quantity of textures to be divided than in the lumbar region; the greater simplicity of the operation, an important consideration in the case of new-born infants, who are bad subjects for painful operations; finally the greater facility for receiving and retaining the excrements afforded by the inguinal than by the lumbar region.

The reading of this report was followed by a discussion, in which Messrs. Malgaigne, Velpeau, Huguier, Laugier, etc., took a prominent part.

Mr. Malgaigne, at the same time that he acknowledged the value of Mr. Rochard's interesting communication, declared that, on account of the dangers attendant upon peritonitis, he should always give the preference to Callisen's operation in which the serous membrane was uninjured. The establishment of an artificial anus at the anterior part of the abdomen did not appear to the learned professor to be possessed of the advantages, which had been attributed to it with regard to cleanliness.

At the back, he considered that the infirmity could be more easily concealed, and had fewer chances of rendering the patient an object of repulsion and disgust. Another very serious objection to Littre's method was the easier production of hernia, an occurrence not generally resulting from the operation in the lumbar region.

Mr. Robert, in reply, reminded Mr. Malgaigne that none of Mr. Ro-chard's patients had suffered either from peritonitis or from hernia.

Mr. Velpeau was also inclined to prefer Littre's operation, on account of its easier performance, and moreover because successful cases by this method were already on record. Before resorting to this surgical procedure, the learned Academician would recommend that every effort be made for the reestablishment of the anus in its natural place.

Mr. Huguier likewise considered Littre's method preferable to the rival operation; but he stated that the sigmoid flexure should be sought for, not on the left, but on the right side; and he gave the following reasons in support of this rule:

"During intra-uterine life, the stomach and small intestine are, as it were, in a provisional condition and perform a part of very secondary importance, viz.: the digestion and concoction of the fluids exhaled from the mucous surface; hence the extremely small size of these several parts of the digestive tube. It is not so with the large intestine, the lower portions of which especially, serving as a reservoir to the residua of digestion, to the meconium, attain a considerable degree of magnitude both in length and in volume. This circumstance explains the enormous development of the sigmoid flexure, which, being too much confined within the narrow limits of the left iliac fossa, passes across the inlet, expands in the right iliac fossa, and finally winds into the pelvis to join the rectum."

The demonstration of this anatomical peculiarity was illustrated by sketches from nature, and by the immediate autopsy of the body of a child, who had lived but a few days; the Academy appeared satisfied of the accuracy of Mr. Huguier's remark. From this position of the intestine, which is invariable in children up to eighteen months or two years, the learned member concluded that, in cases of imperforate anus, the surgeon should, in future, adopt the following course:

1. For the purpose of reestablishing in the normal region the anal orifice, in cases of imperforate rectum, the researches should be directed, not as they generally are, backwards and to the left, but forwards and to the right side.

2. When it is found impossible to reconstruct the anus in its natural place, and it is deemed necessary to perform Littre's operation, it will be far more advantageous to operate on the right than on the left side of the abdomen. If the incision be made on the left side, the sigmoid flexure may be missed, and in its stead a convolution of the small intestine will most generally be met with, and a very long portion of the bowel may thus be lost for the purposes of future digestion. Finally, if Mr. Velpeau's precept is followed, of attempting to discover the exact position of the dilatation of the rectum, by the introduction of a conductor downwards into the cavity of the intestine, this process meets with excessive and sometimes insurmountable difficulties, on account of the extreme length of the sigmoid flexure, which the instrument must follow in the entire of its devious course.

When the operation is instituted on the right side, all these disadvantages are obviated.

Littre's method, as it is generally described and followed, unquestionably gives rise to the perils of effusion of feces into the peritoneum. This is an immense danger, which might be averted by the adoption of the following process: after division of the abdominal walls on the right side, perforate the intestine not with the knife, but with a trochar, and subsequently guide the instrument downwards, in the direction of the large in-



testine, so as to reach the neighbourhood of the anal region, where the terminal orifice of the digestive tube may then be reestablished with facility. In order to obviate all chances of peritoneal effusion, the wound made by the trochar in the bowel requires merely to be closed with a suture.

Messrs. Robert and Laugier did not seem prepared to agree thoroughly to all the details of these propositions. Mr. Robert acknowledged the accuracy of the anatomical fact pointed out by Mr. Huguier, but he was of opinion that the descending colon might easily be met with on the left side, if the operation was performed, as recommended by Duret, a little above the anterior superior spinous process of the ilium. Mr. Laugier, while admitting the ingenuity of the modifications proposed by Mr. Huguier, considered them as belonging to the province of speculative surgery, and as requiring the sanction of experience before they could be classed among the precepts of practical science.

## ART. 5620.

## BIBLIOGRAPHY.

— *De la mort subite dans l'état puerpéral* (of sudden death in the puerperal state), by Dr. Mordret, of le Mans (1).

We cannot too strongly recommend to medical practitioners the perusal of these few pages, as much on account of the present interest of the question as of the remarkable manner in which it has been treated.

The author, with much reason, immediately dismisses the cases in which sudden death may be ascribed to lesions prior to the puerperal state, cases which may be ranged under the head of ordinary sudden deaths; and, in accordance with the true physiological principles laid down by Haller and Bichat, he admits death caused by the lungs or respiration, by the heart or circulation, and lastly by the brain or innervation.

Entering at once on his subject, he then defines the puerperal state and delineates all the changes, physiological according to some authors, pathological according to others, which this puerperal state introduces and leaves after it in all the functions of women. No medical man is ignorant of the disturbance occasioned in the functions of respiration; secretion and innervation by the sole circumstance of gestation; but what is less known, and we are indebted to modern science for a knowledge of the fact, is the change brought on in the circulation and especially in the chemical composition of the blood, which deprives it of its virtues, as a reparative liquid and an inciting agent of the nervous system. To this change in the component elements of the blood must be attributed its greater facility to coagulate and to form fibrinous concretions. Dr. Mordret has carefully shown this circumstance to be a frequent cause of sudden death. Certain observers consider this cause one of the most common; Dr. Beau adopted and inculcated this opinion at the period of his researches on the treatment of puerperal fever.

But if in all causes of sudden death, arising from disturbance more or less considerable in the functions of respiration or circulation, anatomical changes of a nature to have proved fatal to life are detected on dissection, it must be acknowledged that, in certain cases, post-mortem examinations will produce no result, and, in these instances, we must admit not only disturbance, but suspension of the functions, without the organs having undergone any change appreciable by our means of investigation.

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(1) One volume 4to, 183 pages. Paris.

To explain these facts, the author, relying on the vitalist doctrines, justly reinstated by the present school, invokes changes in the nervous functions of the cerebro-spinal and of the sympathetic system. In the puerperal state, it is again to the weakness, the impaired state of the blood, the greater physical and mental susceptibility, which characterize that condition, that he refers that aptness of the nervous system to more or less complete, more or less instantaneous prostration. He therefore admits three forms of disease : nervous apoplexy, nervous syncope and idiopathic asphyxia, as able to induce sudden death without any appreciable structural change. These three diseases correspond to the three vital organs : the brain, the heart and the lungs. It is easily seen how they may act separately or in combination to cause death, and how, from this separate or combined action, the diagnosis and indications of treatment may be inferred.

It was not our intention to review Dr. Mordret's pamphlet ; our aim was merely to call the attention of the profession to a work, which the Academy has considered deserving of a recompense. Its matter is good and the style worthy of the matter ; it is rich in interesting observations, and will amply repay the time devoted to its perusal. GONDOUN, M. D.

## ART. 5621.

## MISCELLANEA.

The marvellous has, in our time, lost none of the power it has always exercised upon the imagination of man. But yesterday somnambulists were consulted for the cure of the most obstinate diseases, just as, at other periods, prodigious cures were ascribed to the mummeries of heathen magic or of the witchcraft of the dark ages. Why therefore should we feel so much surprise at the noisy clamour raised within a few weeks about a foreigner who is said to have cured one of our countrymen of a cancer ? It is modestly descending from the elevation of the supernatural world to the level of village curers and bone-setters, to the vulgar sphere of the possessors of secrets. Who does not boast of being, or at least of being honoured with the acquaintance of, the possessor of an infallible secret for the cure of some disease ? Medical men, the really competent authorities in these matters, seem to be the only persons who have not that pretension.

We should not have deemed the history of the cure attempted in the case of the celebrated inventor of the saxhorn, deserving of our reader's notice, had not the name of an illustrious surgeon been connected with it, and had not the case itself, in a pathological point of view, been worthy of interest. This case was communicated to the *Moniteur des Hôpitaux* by a young medical practitioner, Dr. Déclat, in a letter, from which we extract a few passages :

"For the first time in 1853, Mr. Sax remarked in his upper lip a small black spot at about the distance of one third of an inch from the right commissure. On examining the outer surface of the lip he discovered a rather large purple patch similar to that produced by the action of nitrate of silver on the epidermis.

"Towards 1854, the evil had increased. The portion of the lip affected had become hard and the movements of the part were impeded.

"Some months afterwards the lip became thicker ; it adhered to the teeth when the diseased part was not moistened by salivation.

"On June 4, 1858, Mr. Sax's lip was occupied by a tumour of the shape of a flattened cherry, surmounted by a black speck and appearing to

arise from a deep seated root. One of the submaxillary glands was moreover considerably enlarged.

“ Dr. Ricord, who had already been consulted by Mr. Sax, requested that Dr. Velpeau might be called in, in consultation. After due examination, it was decided that the lip and the gland should on the next day be removed with the knife.

“ Mr. Sax had pending an important suit, which required his presence in court. This motive alone caused the operation to be deferred till June 25. In the interval, one of his friends advised him to consult Dr. Vriès, who was said to have cured several cancers.

“ Dr. Vriès's treatment, which commenced on the 6th of June last, was most simple; it especially consisted in internal treatment, and Dr. Vriès never applied to the tumour any caustic.

“ With reference to hygienic regimen, Dr. Vriès confined himself to diminishing the quantity of food and to prescribing for the patient diet progressively lower, forbidding all kinds of drink, with the exception of weak tea and of water, of which but a small quantity was to be taken.

“ At the end of two months of this regimen, Dr. Vriès ordered the patient to discontinue his low diet, to take nutritious food and to drink at his will water or any other unfermented beverage. In appearance nothing in the state of the patient justified the absolute confidence of Dr. Vriès, who, from the very first day, told Mr. Sax, before me and Messrs. Oscar Comettant, Hector Berlioz, Henri Berthaud, General Melinet and several friends of the patient: “ You have a cancer, but I will cure you radically.”

“ None credited a result, which exceeded the hopes of all.

“ The tumour extended upwards as far as the nose, and obstructed the right nostril; on the same side it exceeded the labial commissure more than the third of an inch; below it descended to the two thirds of the lower lip; and on the left, reached as far as the labial commissure. Mr. Sax was reduced to the necessity of raising the tumour to introduce a tube by means of which liquids might be imbibed.

“ On 27 November, a terrible crisis occurred; the entire face inflamed, and the tumour, in a state of softening and mortification, fell away in pieces, some of which were of the dimension of a cherry.

“ A week later, Mr. Sax was entirely rid of his tumour. On raising the lip, however, a pedicle was detected of the size of a shilling, black and jagged, as if the tumour had been violently wrested off.

“ Now after more than six months' treatment, Mr. Sax's lip is quite free; it has recovered its motion; the mucous membrane is moist; all the hard spots have disappeared; naught remains but a blackish hue on the edge of the lip and a small dark spot upon the mucous membrane.

“ This spot is contracting more and more every day; and already under the epidermis may be observed small red spots, which induce the hope that the lip will soon resume its primitive colour. The sub-maxillary gland is now scarcely equal in size to a filbert.

“ After the preceding details, what name should be given to this disease?

“ All the medical gentlemen, who formerly saw the growth, denominated it a melanic tumour, an appellation not adequately indicative of its nature, although this kind of tumour has generally been classed among cancers. On the other hand, Messrs. Ricord and Velpeau did not hesitate to consider it a real cancer..., etc., etc.”

Dr. Velpeau has forwarded to the *Moniteur des Hôpitaux* the following reply to the letter, some passages of which we have just quoted :



" Mr. Editor, Dr. Déclat's letter which I consider both premature and inopportune, and which appeared in your No. of this morning, requires on my part a few words of explanation.

" The following are the facts :

" 1. I have seen Mr. Sax but once and then in consultation, and I have not since then been enabled to ascertain his condition.

" 2. To Dr. Déclat, a very intelligent medical practitioner, whom I have long known and who related to me this history, I replied that *one* such case did not prove anything; that I had met with such; that many other practitioners had pointed out similar instances as exceptional, without having believed they had found an antidote to cancer; that the cure he spoke of was neither old enough nor complete enough to be admissible, at least for the present.

" 3. I added that without absolutely *denying* the possibility of discovering a specific for cancer, I did not however credit the efficacy of Dr. Vriès's remedy.

" 4. As Dr. Déclat insisted, as the extra-scientific press, as certain Paris drawing-rooms have taken possession of the *Black doctor*, I said to my young colleague :

" The question may be easily judged. — I will unite in the hospital a certain number of *genuine and well authenticated cancers*.

" Dr. Vriès shall treat them under my inspection, and, if he cure them, I shall be the first to proclaim the fact, for no one can desire more ardently than I the discovery of an antidote to cancer; but if he fail, as everything leads me to believe he will, you must renounce your illusions and warn the public that you were mistaken.

" My proposal has been accepted.

" 5. The experiments were begun on Thursday. Dr. Vriès requires several months. They shall be pursued with rigour and impartiality; but it appears to me *fair* and proper to say nothing of them until they have been fully carried out.

" Now I beg Dr. Déclat's pardon, but it is by me and not by him that the result of these experiments is to be published. It is the character of judge and not that of confederate, which I have accepted and which I am anxious to preserve.

" If Mr. Déclat and Mr. Vriès are sincere, as I trust they are, they have nothing to apprehend; justice shall be done them. I will not betray their interest more than that of my fellow-practitioners, of the sick, of science and of humanity.

" I am, etc.

" VELPEAU.

" 1 February 1859."

The profession watches with curiosity the experiments which have been instituted. Mr. Mayer has forwarded, on this subject, to the *Abeille médicale*, some interesting details. It must however be understood here that we leave to Mr. Mayer the entire responsibility of his appreciations and of his information.

" I went," says Mr. Mayer, " to the hospital of La Charité at the hour of the morning visit. Dr. Velpeau had seen all the patients of the ward, with the exception of ten women attacked with cancer, who were reserved for the experimentation of the black doctor. These were cancerous cases involving all varieties and at all stages : scirrhus and ulcerated cancer of the breast, carcinoma of the rectum and of the superior maxilla, etc. In addition, three beds in the male ward are also affected to the same experimental purpose in Dr. Manec's wards. After having waited some

few minutes, our hero arrived : he is a woolly-haired mulatto, with tolerably regular features surrounded with bushy whiskers and beard. He appears about fifty-five years of age; he is tall and muscular, and is dressed in black and wears a neck-kerchief of spotless whiteness. He scarcely looks at his patients, and when examining a cancerous tumour, does so with an absent look and almost mechanically. He affects a serious and meditative air and his questions are invariably the same : *You thirsty? You go to the water-closet? Appetite?* He does not seem to pay any attention to the answers he receives.

"He dispenses his own medicines; and these are solely composed of pills to the number of two or three, which the patients take before him. If the cancer is ulcerated, he lightly passes over it an aquarelle-brush, steeped in water and bearing a powder, which he varies, but on what data, we cannot say. This powder he denominates a *mild caustic*...

"I heard him proclaim with a magisterial air, that cancer is not a local disease any more than tubercles or leprosy, and that *he* cures all those diseases, for which medicine knows no remedy, that he alone possesses the secret and that he intends to sell it for 100 or 120 thousand pounds.

"I then said to him that I had seen Mr. Sax, and that I did not think him *completely* cured. At these words, he flew into a passion : *Me no say cured, two months more take pills.* I thought to myself of the flagrant contradiction, contained in these words compared with the positive affirmations of cure stated in the newspapers by the incense-bearers of the black doctor."

Mr. Mayer adds to these observations some information relative to Mr. Vriès's person and titles.

"Mr. Vriès is soliciting of the Keeper of the Seals to be naturalized a Frenchman. It would appear from the documents he has given in that he was born at Surinam in 1802, and that he studied medicine at Leyden in Holland. Nothing shows that he obtained there any diploma whatever. It is indubitable that he has not been received either M. D. or *officier de santé* in France; nor has he obtained an authorization to practice medicine here, and indeed, if I am not misinformed, he has been subjected to some judicial annoyance. The authorities are said to have seized his medicines, the restitution of which was obtained by the intervention of some very influential personage. However, the right of applying his treatment is limited to a year, during which it is for him to comply with the requisite formalities. It is under these circumstances that the illustrious surgeon of *La Charité* has received Mr. Vriès, and has afforded him an opportunity of displaying proofs of his capacity by entrusting patients to his care."

We shall acquaint our readers with the results of the experiment, which, so liberally proposed by Mr. Velpeau, removes all pretext for unjust prejudice, and for accusing the medical profession of proud obstinacy. The profession welcomes with gratitude, whencesoever it may proceed, any discovery which may aid it in relieving the afflictions of mankind. We should add, in conclusion, that the house-surgeons of *La Charité* have declared in a letter, written to the *Courrier de Paris*, that "nothing as yet leads them to foresee the predicted results, and that, on the contrary, the greater part of the patients affected with cancer under treatment have been in rather more pain since they have been under the care of the *Black doctor*."

## ART. 5622.

*Academy of Medicine. — Discussion on nervosism. — Inhalations of the spray of mineral water ; portative apparatus. — Of ergot of rye and its alleged abortive property.*

Dr. Gibert, in the name of a committee of which he was a member with Messrs. Baillarger and Jolly, read to the Academy of Medicine a very brief but clear and decisive report on a paper presented by Dr. Bouchut, entitled : *Of the nervous system, or of nervosism in its acute and chronic form.*

Diseases called nervous, or *sine materia*, have long been referred to hypochondriasis, hysteria, melancholy ; at a later period they were described under the names of vapours, spasms, pains in the nerves ; and, still more recently, under the denominations of nervous diathesis, hysteria, nervous cachexia, proteiform neuropathy, etc., etc. Is nervosism a morbid state, distinct from the functional disturbance of the nervous system designated by the preceding appellations ? Such will be the object of our inquiries in the recent discussion relative to Dr. Bouchut's investigations. In the first place, what does Mr. Bouchut mean by nervosism ? *A general febrile or apyretic neurosis, characterized by a great variety of nervous, erratic and inconstant disturbances of sensation, of the mind, of motion and of the principal organic functions.*

Nervosism presents itself in the acute and chronic state. To give, however, an exact idea of the morbid individuality, which Mr. Bouchut has thought proper to constitute under this novel denomination, we shall briefly report three cases, the first two of which, although unpublished, belong to the practice of the industrious physician of the Hospital of Sainte-Eugénie.

A young woman of twenty years of age, habitually enjoying good health, who had been married five months and who was regularly menstruated, gradually became dyspeptic, and subsequently lost her strength ; she was feverish and was troubled with vomiting. She was ordered repose in



bed and strict abstinence from food ; an emetic and some other medicines were prescribed without any result. The patient had been in this condition for five weeks, and emaciation had ensued. Her countenance, however, was not indicative of disease : her fair complexion, which had become slightly pale, was pure ; her eye was clear and healthy. Mr. Bouchut, satisfied with his first impression, proceeded to an attentive examination of the various organs. The appetite was utterly destroyed, the tongue was coated, the mouth out of taste ; she had frequent vomiting and she kept drink with difficulty on her stomach. The bowels did not act. The abdomen was flat, indolent, without any apparent tumour. The lungs and the heart were in good condition ; no abnormal sound was detected in the blood-vessels of the neck, but the patient complained of frequent palpitations. Her pulse was depressible, regular and quick, from 100 to 112. She complained of headache and her sleep was frequently interrupted by nightmare ; she could not leave her pillow without feeling giddy and ready to faint. Her greatest suffering was from continual ptyalism, and frothy and white saliva flowed without interruption from her mouth. Finding that none of the viscera were impaired, and seeing in the disease naught but *acute nervosism* characterized by feverishness, salivation, weakness, inappetency, vomiting and sleeplessness without any appreciable modification of the solids or fluids of the body ; thinking also that protracted low diet might not have been foreign to the production of some of these symptoms, Mr. Bouchut immediately ordered mutton-chops, wine and water, and, for medicine, sulphate of quinine in small doses and lotions with cold water all over the body. Three days after the beginning of this treatment, the young woman walked about in her garden, and, a few weeks later, left the country for Paris.

The second case of acute nervosism noticed by Mr. Bouchut also presented, as its principal characteristics, ptyalism, marasmus, feverishness and, in addition, general hyperæsthesia. The patient was a lady of forty, the wife of a member of the Academy of Sciences, the mother of a family, and had been weakened by copious uterine hemorrhage. In the winter of 1846, after a bronchitis which

required repose and strict diet, this lady, who was of a very excitable temperament, continued feverish and did not recover her appetite. She laboured under extreme irritability, strange ideas, very great sensibility of the eyes to light, hyperæsthesia of the ears and of the skin of the extremities, neuralgic pains in the head with loss of sleep, nocturnal frights and considerable muscular languor.

The patient became emaciated and could take nothing ; she had even a distaste for every description of beverage ; she was exhausted by copious and frothy salivation. Neither vomiting nor alvine dejections were present ; the skin was warm and the pulse small, frequent, 120 a minute. All these symptoms had already lasted a month. Now, although she did not digest beef-tea, and, on the other hand, it was in the month of December and the weather was very cold, Dr. Bouchut prescribed a mutton-chop after she had bathed in water at 59° (Fahrenheit), taken a forced walk of ten minutes in the street with the snow on the ground. He ordered at the same time small doses of sesquioxide of iron every day before meals. This treatment was very successful, and, from the moment it was instituted, further progress was remarked in an increase of strength, of flesh, and in the diminution of nervous excitability. Nevertheless, this lady required, for the entire restoration of health, four months' continuance of the hydropathic and ferruginous course of treatment completed by a residence in the country.

We now come to a case of *chronic nervosism* borrowed from Tissot's work (vol. III, page 382) : A robust countryman, of twenty-four years of age, was frightened by a mad ox, which rushed upon him ; he did not at first find himself incommoded, but the following day he felt discomfort and palpitations, and shortly afterwards could neither go to bed nor remain still. He was in continual motion, and entirely lost his sleep. He was in a constant state of alarm and inexpressible anguish of mind, attended with feverishness. He brought up all that he took by a mere rising of the stomach : this state lasted several months. Tissot recommended him the mildest regimen, a decoction of barley or a little milk, as a beverage, and every morning a powder composed of a very small quantity of nitre,

of rather more cream of tartar and two grains of camphor. In six weeks the patient returned home almost cured. Tissot ordered the same treatment to be continued and this singular state never recurred.

*Acute* nervosism is more serious and less common than *chronic* nervosism. But the latter, when protracted, may resume the acute form and be attended with the same unpleasant consequences. Both these forms are *primary*, but they are far more frequently observed as *secondary* diseases. Whether primary or secondary, acute nervosism is more common in women than in men, at the period of the first appearance and at the close of menstruation and in gestation, after long continued lactation, under the influence of depressive and melancholy passions, after violent grief, reverses of fortune, late hours, or venereal excess. Chronic nervosism is constantly met with in private practice, and but few ladies go into society that do not present some of its symptoms, without however being therefore in confirmed ill-health. Here, of course, the degrees are infinite like those of every diathesis; and from the first symptom to the agglomeration of many morbid manifestations, a host of intermediate and different cases may be observed. In short, when persons affected with nervosism sink under the nervous exhaustion caused by pain or secondary chronic diseases, post-mortem examination detects no structural change accessible to our means of investigation.

Such is, in a few words, the special neurosis which Dr. Bouchut describes as distinct from hysteria, hypochondria and melancholy, and which it is important not to confound with the symptoms of inflammation, or of organic lesion of the brain, of the spinal cord, of the stomach, etc., a confusion which would necessarily conduce to inefficient or dangerous topical treatment.

Dr. Gibert's report on these investigations is favourable, but too short to convey to his hearers an adequate knowledge of the subject; he seemed desirous to avail himself of the question of nervosism to challenge an order of ideas which he supposes in conflict with whatever is not anatomical change and symptom expressive of such change. The contest between vitalism and organicism



seemed for an instant about to be renewed by the provocation of the witty reporter; but either from fatigue or perhaps indifference to a question now antiquated, the conflict between the two contending systems was not revived. As Dr. Bouillaud rightly observed, a good medical practitioner must study not only the symptoms and forms, but the nature and seat of diseases. In this, he is an organicist; but the morbid causes, which are not productive of physical changes, must not be disregarded. The true physician must therefore be both an organicist and a vitalist. Relatively to nervosism properly so called, Mr. Bouillaud refers it, in the plurality of cases, to chlorosis or to chloro-anæmia; Dr. Piorry to various organopathic states, Dr. Baillarger to nosomania, Dr. Beau to the hypochondriasis of the ancients and to hysterical vapours.

In Mr. Beau's opinion, Dr. Bouchut has succeeded in establishing his nervosism, by the arbitrary separation only of some symptoms of hysteria and hypochondriasis; it is hysteria without the convulsive attack, or hypochondriasis without nosomania. Thus, the adversaries of the new pathological entity are not even agreed among themselves; and this difference of opinion will be of long duration, at least as far as concerns the chronic nervous state, what denomination soever may be assigned to it. Fortunately, acute nervosism became a means of conciliation between Messrs. Baillarger, Beau and Bouchut.

If it is difficult to sketch a general description of the chronic diseases called vapours, on account of the mutability of their forms; it is still more so to depict the affection in its acute or febrile state. Acute nervosism, two instances of which we have related, was known in substance, but it had not hitherto been delineated with as much precision as in Mr. Bouchut's researches. Dr. Beau, whose fairness is as great as his erudition, declared that "Dr. Bouchut's investigations are important, because they illustrate old truths under new denominations, and because he urges them on our attention with all the force which the observation of facts can alone impart."

This is the correct appreciation of Dr. Bouchut's paper. As Dr. Gibert wittily observed in his reply, Dr. Bouchut

claims no patent for his invention. He is merely desirous of pointedly recalling attention to the general and essential character of certain nervous phenomena, which organicism endeavours to localize, and which it sometimes treats most injudiciously. Let us add that the Academy acknowledged the merit of a modern formula, the object of which is to reinstate old truths more or less disregarded, and adopted the concluding resolutions of the report, expressive of thanks to Mr. Bouchut, with a recommendation of his paper to the attention of the committee of publication.

— The respiratory organs supply, as physiologists have demonstrated, a most extensive surface for the absorption of medicines. The ancients were not unacquainted with this fact, and Dioscorides treated by the vapours of orpiment, evolved by heat, asthma and chronic catarrh. In imagining arsenical cigars, Professor Trousseau has followed the footsteps of Dioscorides. Only, instead of the rude procedure employed by the Greek physician, who did not accurately measure the doses of the medicinal agent, the clinical professor of the Hôtel-Dieu impregnates uniformly a sheet of unsized paper with a solution of 15 gr. of arseniate of potash, and thus obtains, by the division of this sheet into twenty equal parts, twenty cigarettes, each containing  $\frac{3}{4}$  gr. of the drug, and not an atom more. With mercury he attains the same result. Dr. Trousseau also prescribes turpentine vapours, in accordance with Professor Skoda's precept in cases of mortification of the lungs (Art. 5205); and the same could equally be effected with tincture of benzoin, of iodine, etc.

But in this medication, how efficacious soever it may be, volatile substances alone can be employed; it would be impossible to administer fixed salts by this process. It was therefore important to seek for some means of conveying into the bronchi medicated water with all its principles, by converting this water into a respirable atmosphere. The secret has been discovered, and Dr. Sales-Giron's method of hydro-mineral respiration would seem to open new prospects to therapeutics.

Mr. Sales-Giron, an ingenious observer of the phenomena of nature, imitates the action of the air, by which a

jet of water, powerfully projected, is divided into infinitely minute particles ; he breaks the stream of water and reduces it to spray, each particle of which represents all the component parts of the mineral water, and conveys it with all its associated ingredients upon the diseased mucous membrane. Such is the principle of the reduction of water to spray. Let us now see how our learned fellow-practitioner has succeeded in obtaining this extreme division of mineralized liquids.

Those who would appreciate on a large scale the mechanism and efficacy of reducing water to spray, should visit the breathing-room established at Pierrefonds, or read the interesting work published last year by Mr. Sales-Giron, Inspector of the mineral waters of that locality, *on respiratory therapeutics* (1). But, confined to thermal establishments, the reduction of mineral waters to spray would remain unknown to the greater part of practitioners and patients. This has been felt by Mr. Sales-Giron, and medical practice is indebted to him for a moveable apparatus for effecting the desired object, which will admit of the new treatment being popularized and placed within the reach of the most humble means, in all seasons and in all places.

The apparatus, which the subjoined cut represents in action and which has just been exhibited to the Academy, may be defined as an instrument in which the compressed liquid issues through a narrow aperture in a capillary jet, and meeting at a certain distance with an obstacle, breaks against it, and is thus reduced to spray.

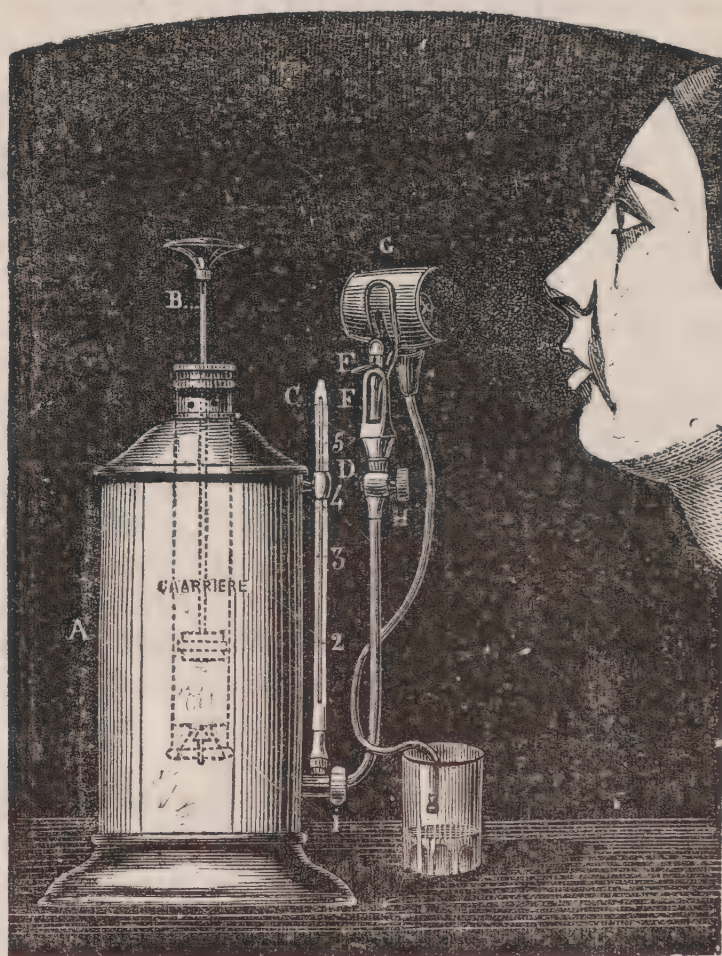
The entire apparatus consists : 1. of a vessel A containing about a quart of liquid, without being quite full ; 2. of an air-pump in the interior, marked by a dotted line : the handle B of its piston appearing above the vessel, 3. of a manometer C, indicating the pressure produced on the liquid within ; 4. of a tube, proceeding from the bottom of the apparatus I and rising up to F, where the liquid issues by the capillary aperture, and meets a small disk on which it is reduced to spray or a sort of thick vapour, and directed towards the nose and mouth of the patient.

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(1) 1 vol. 8vo. Victor Masson.



In order to work the apparatus, the latter must be filled three fourths or four fifths with the liquid required, the handle B of the piston being then alternately raised and depressed, the volume of air, necessary for the manometer to mark three atmospheres of pressure, is thus forced down upon the surface of the liquid. The cock D is then opened, and the liquid from the body of the instrument is discharged through the tube, propelled by the pressure of



these three atmospheres, nearly equivalent to a column of 98 feet of water, and issues at the capillary aperture with a speed proportionate to the above pressure. As the rapidity of this jet of liquid is considerable, it will be readily understood that, meeting at a distance of an inch or an inch and a quarter with a small resisting disk, the

jet is broken by the continuous shock and divides into spray.

This division, which reduces cold water to a state of equally cold vapour, requires however to be seen, in order to convince the observer of the possibility of rendering a liquid of a temperature inferior to 50 degrees (Fahrenheit) more easily respirable than warm vapour. When the pressure diminishes in consequence of the escape of the liquid, a few strokes of the piston B restore its original force. We have witnessed the working of this apparatus at Dr. Trousseau's clinical lecture, and it appeared, to that professor and to all the persons present, that it perfectly answered the purpose intended by its inventor. Mr. Trousseau intends to use it in his wards for numerous diseases, which may be directly modified by acting upon the respiratory organs. Mr. Trousseau does not share the repugnance, recently expressed in the *Gazette des Hôpitaux* by Mr. Champouillon, relative to inhalations of mineral water reduced to spray. If the idea of conveying iodine into the interior of the lungs has been productive of unfortunate results, experience demonstrates that such is not the case with sulphurous water. It is now past all doubt that the mucous membrane can bear this liquid in the shape of spray, and it may therefore be expected that other medicinal waters may also be tolerated in the same manner. Mr. Sales-Giron had principally in view, in inventing his apparatus for producing spray, the cure of chronic diseases of the chest; but the same mode of treatment might be applicable to other affections and in hemoptysis; for instance, in diphtheria, the continuous inhalation of solutions of tannin or sesquichloride of iron might perhaps be more beneficial for the patients than the exhibition of these medicines through the medium of the digestive organs, or the application *at intervals* of caustic substances to the false membranes.

—Our readers will find, at the Article *Learned Societies*, an interesting communication, made to the Academy of Medicine by Mr. Deville, on the action of the ergot of rye in parturition. Charged with the important functions of inspector for the registration of deaths, Mr. De-



ville has arrived, after fourteen years' investigations, at the conclusion that spurred rye is always dangerous to the life of the child ; that it is generally exhibited by unskilled hands, and that, even following the rules laid down by science and experience, the practitioner is never sure of the life of a child born after the ergot has been administered during labour to the mother.

A committee is appointed to examine this remarkable essay, and we shall have occasion to revert to a question, which so directly affects the practice of one of the most important branches of the medical art. But apart from the danger that attends the exhibition of ergot of rye in parturition, a mode of action is habitually ascribed to that substance which deserves to be studied. Mr. Deville has merely given incidental attention to the abortive properties of *secale cornutum*. He has confined himself to a statement of the fact that, whenever the houses of midwives, suspected of having employed means of producing abortion, have been searched, great quantities of the ergot have been found. In the house of a midwife, lately tried at the Assises, a box was discovered containing  $13\frac{1}{4}$  lb. of this powder. Mr. Deville does not think that midwives use the ergot during the first months of pregnancy, but he is convinced that, after six months, it is the means they adopt for the purpose of inducing contraction of the uterus and consequent abortion. This would explain 44 cases of accouchement with still-born children, who had almost reached the fifth or sixth month of intra-uterine life, and whom Mr. Deville designates in his statistics, as children, who had died several days before labour and from various causes, *probably* from criminal abortion, but not confessed or not suspected.

We are not aware of the opinion on this question of the medical jurist, who is a member of the committee appointed to appreciate Mr. Deville's investigations ; but we cannot refrain from mentioning here opinions diametrically opposed to those which represent the ergot as a medicine calculated to produce abortion. The *Revue de thérapeutique médico-chirurgicale* reprinted, from a German medical journal, an article by which we are informed that Professor Lovati, of Pavia, exhibited ergot, in small doses,



gradually amounting to 90 grains, for the purpose of inducing premature labour in two women affected with deformation of the pelvis, without obtaining the least result. Premature confinement must have been promoted by puncture of the membranes of the ovum. Professor Lovati concludes that ergot is powerless in producing abortion; and, in support of his opinion, he relates an instructive case supplied by Duhamel, relating to a pregnant woman, affected with loss of power of the bladder, and who, for a length of time, had been in the habit of taking ergot of rye for this infirmity, without its protracted use having impeded the natural progress of gestation.

The influence of the ergot is not only null during the first months of pregnancy, but recently Dr. Joulin, a physician of Paris, published in the *Moniteur des Hôpitaux* the case of a woman, twenty-seven years of age, in whom this substance prevented an abortion which no other means seemed able to avert. Out of seven pregnancies Mr. Joulin's patient had had three miscarriages at three months, at six months, at six weeks; and when that gentleman was summoned, she had been gravid two months and a half, had copious hemorrhage, acute pains in the lumbar region and all the premonitory signs of abortion. Hemorrhage had persisted for a whole week, in spite of the use of enemas with laudanum, astringent beverages combined with the horizontal position and absolute repose. The patient gradually grew weaker, and every thing tended to induce the belief of a fatal issue. Dr. Joulin then determined to try the hemostatic virtues of ergot of rye, without being deterred by the reputation of that drug as an abortive, a property which he was unwilling to admit in that much calumniated agent. The treatment previously instituted was discontinued, and it was agreed that the patient should take, in three doses in the course of the day, 15 gr. of fresh powder of ergot of rye. Now, the flooding, which before had been copious, was checked before the second dose and did not make its appearance again. On the following morning, the patient was so imprudent as to put her feet to the ground, and still there was no show of blood. The ergot of rye was continued for a week. From the third day, the patient left her bed and resumed her

usual avocations. Somewhat later, a further hemorrhage took place; the patient, provided with her physician's prescription, resumed the ergot of rye, and the blood again stopped immediately. This was the 5th September; on the 6th January ensuing, gestation ended in natural parturition.

Doubtless, as Mr. Joulin justly observes, one case, how conclusive soever it may be, proves little in such a matter; but, however, it creates a precedent which may be utilised in practice, and demonstrates that, contrarily to the generally received opinion, which ascribes to ergot of rye an abortive action, this medicine may produce an opposite effect *during the first months of pregnancy*, when imminent miscarriage is not the result of a disease of the ovum or of the death of the child.

H. CHAILLOU.

#### ART. 5623.

#### HOTEL-DIEU.

( Professor Trousseau's wards. )

*Hepatic colic simulating cramps of the stomach. Examination of the excrements; gall-stones; remarks on the palliative and curative treatment of the disease.*

Hepatic colic, in its more violent form, is a disease practitioners are well acquainted with; but in its milder shape, which is more especially observed in women, it generally escapes detection. Not a week elapses but Mr. Trousseau is consulted at his own home, or in Paris or the provinces, by fellow-practitioners for undetected hepatic colic. This is due to the fact that small hepatic concretions give rise to pain chiefly in the epigastric region, whence it spreads right and left in the abdomen, the chest, back and even sometimes the thighs. It is therefore natural that such pains should be referred to other viscera than the liver, and should more particularly receive the name of *cramps in the stomach*. In many instances, this view seems to receive additional confirmation from the presence of vo-

miting, the significant character of which is misconstrued by an erroneous interpretation of the functional disturbance. As we have stated above, such mistakes are far from uncommon, and recently two cases of this description occurred in Mr. Trousseau's wards, which afforded the professor an opportunity of presenting some important remarks on this deceptive form of hepatic gravel.

The patients were two women of sedentary habits, between forty and fifty years of age. The first had complained of pain in the epigastric region and vomiting of mucous matter, two days before her admission into hospital : a very distressing exacerbation took place, and the pain subsequently ceased, leaving a sense of local fatigue and aching. These violent colics had been designated under the hackneyed appellation of *cramps in the stomach*. In this case the excrement having been collected, washed, and carefully inspected, a mulberry-shaped calculus of the size of a pea, and consisting of cholesterine, was discovered in the evacuations. The second case was equally interesting. The patient was one of the women attached to the linen department of the Hôtel-Dieu; menstruation had ceased for eighteen months, and, like the former, she had suffered for seven years from *cramps in the stomach*. These *cramps* had, from the year 1852 to the year 1857, been treated without any success. She then had a respite from her sufferings, but in December last, fresh paroxysms appeared, lasting four or five hours, and returning at uncertain intervals. Finally, eighteen days ago, twice or three times in the twenty-four hours, she experienced in the pit of the stomach very acute pains, which extended to the right side, the back and the abdomen, and lasted from half an hour to two hours and even more. On March 12th these pains lasted five hours, on the 13th eleven hours, and were attended with vomiting of mucous matter; on the evening of the 13th they suddenly ceased, and were followed by shivering and marked jaundice. From the 13th the bowels had not been moved, and on the 16th an aperient was exhibited. The fecal matter was carefully washed, and five prismatic concretions with flat polished surfaces were found, a circumstance which would suffi-



ciently prove the existence of several calculi, even in the event of a solitary gall-stone being discovered.

Before entering upon the treatment applicable to the disease, it is proper to revert to some of its symptoms. When, concomitantly with the pains above described, vomiting occurs, not of a bilious character, you may assert, said Mr. Trousseau, that the case is one of hepatic colic occasioned by the presence of a gall-stone in the cystic duct, and in 99 instances out of a hundred, unmistakeable evidence will be found, the very next day, of the accuracy of the diagnosis, in the yellow colour of the urine. It is however well to bear in mind that, although the absence of bile in the matter rejected from the stomach and the subsequent appearance of jaundice are sufficiently characteristic of the disease, the opposite phenomena, namely, vomiting of bile, and the absence of icterus, do not authorize the physician absolutely to deny the existence of hepatic colic (1).

In the usual form of the disease, icterus is so trifling that it always escapes the patient's attention. The physician is accidentally consulted by a woman, who complains of some epigastric pains; she describes them as cramps, which do not constantly return after meals, but reappear every fortnight or every month without any obvious connection with the ingestion of food, and the symptoms altogether seem so unimportant that the patient feels but slight anxiety on the subject. These cramps, referrible to no tangible cause, spontaneously yield after having occasioned some amount of nausea, discomfort and loss of appetite. In three cases out of every four, these trifling symptoms are due to hepatic colic; but the true nature of

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(1) In a former number of the present periodical (Art. 3931) will be found the case of a patient of the late Professor Chomel, at the Hôtel-Dieu, who was only three times affected with jaundice, during thirty-four attacks of hepatic colic which occurred in the lapse of fourteen weeks, a singular phenomenon, which Mr. Chomel accounted for by the comparatively short duration of the paroxysms. For the production of icterus, he considered that several days' continuance of the obstruction was necessary. This patient had three paroxysms only, which lasted more than twenty-four hours; all the others having, on the average, not extended beyond three hours.

the disease is very seldom pointed out by the jaundiced hue of the skin : it is only indicated by the icteric appearance of the urine, which assumes the colour of beer, and stains the linen yellow.

The pains, vomiting, and icteric urine lead the practitioner to suspect the presence of hepatic colic, but the examination of the excrements supplies him with another element of accurate diagnosis. This examination requires great attention and some self-denial. In the first place, the evacuations should be preserved during three or four days from the beginning of the attack, as the concretions may require that space of time to travel from the duodenum to the rectum, and an aperient should be exhibited for the purpose of softening the feces. They should then be repeatedly stirred, and abundantly washed on a horse-hair sieve so as to remove entirely all the liquid matter. Without all these precautions, the corpus delicti will escape detection.

The patients do not always, it is true, pass the concretions of cholesterine, which have caused their sufferings. Indeed, this is not unfrequent, and we have it on the authority of Morgagni, that in old women calculi very often remain in the gall-bladder, as large as almonds, pigeon's eggs, or even hen's or turkey's eggs. Concretions of this size cannot, of course, descend through the cystic duct : they penetrate partially into its cavity, but soon retrograde, and the pain ceases as completely as if the stone had been propelled into the duodenum. In these patients hepatic colic is therefore indicated merely by the suddenness of the invasion and of the cessation of the symptoms, taken into conjunction with the absence of any positive signs of disturbance of the other functions.

We will not dwell on the pathology of the disease. Our purpose is merely to call the attention of our readers to a form it assumes more frequently than is generally supposed, and we shall now enter upon the question of treatment, which Mr. Trousseau described on the occasion of two patients at present lying in his wards.

One of these patients, said the professor, has passed five concretions, and on the next reappearance of the colic she may pass as many as fifteen. We are powerless over the calculi remaining in the biliary ducts, but it is not impos-

sible to prevent the further formation of gall-stones. It is with hepatic as with renal gravel : a patient, who once has been attacked with it, may be subject to it all his life; he should be warned of the circumstance, in order that he may take the measures best calculated to obviate the return of the symptoms. The treatment of hepatic gravel should therefore be considered in reference to the paroxysms, or the colic *in actu*, and to the prophylactic measures destined to prevent its reappearance.

The treatment of the attack is any thing but satisfactory, and is often indeed more injurious than useful. Thus many practitioners prescribe opium in such cases; but as opium checks all secretions with the exception of perspiration, and therefore prevents the accumulation of bile in the gall-bladder, the calculi remain a longer time, their expulsion not being assisted by the presence of that fluid. The patient, it is true, suffers somewhat less, but this alleviation of pain is more beneficially procured by the internal exhibition of chloroform or ether, at the same time that embrocations are made on the seat of the disease with :

*R.* Extr. spirit. belladonnæ. . . 4 dr.

Aquæ . . . . . *Q. S.*

for a liniment of sirupy consistency.

This solution should be spread over the skin, and a poultice applied. Mr. Trousseau also prescribes capsules, containing 18 drops of sulphuric ether, a remedial agent which, thus administered, produces considerable anæsthetic action, besides its solvent power on cholesterine. By the association of these two sorts of measures, the disadvantage of checking the secretion of bile is obviated, and at the same time pain is relieved or alleviated, and the spasmodic action of the ducts, and especially of the duodenal extremity of the choledochus is mitigated.

Prolonged baths may also prove beneficial, but in general they are not very efficient. Manipulation and gentle chafing with the hand have also been recommended. In 1854, Mr. Barth read to the Academy of Medicine a memoir, in which, after enlarging upon the advantages to be derived from abundant diluents, aperients, ether, turpen-



tine, both internally and externally, he recommended, in order to bring about the division of the calculi, shampooing and powerful douches upon the hypochondrium. Mr. Trousseau, without altogether rejecting this practice, thinks that the patients, who suffer much, seldom submit to its application, and that it then proves unavailing or even impracticable.

The attack once over, when nothing remains to be contended with but the disturbance consequent upon the colic, the digestive functions may be assisted by the exhibition daily of seven or eight of the following pills :

*R.* Fel. tauri inspissat. . .  $2\frac{1}{2}$  dr.

Glycyrrhizæ. . . . . *Q. S.*

*M.* Divide in pilulas 50.

We now turn to the real, rational treatment of the disease, that which, removing the cause, may prevent the return of the symptoms. If forty or fifty concretions have to be evacuated, the physician must patiently await their expulsion. One day three will escape, the next day eight, on the morrow two, and so on. We have scarcely any means of action upon concretions which have formed, although Mr. Barth, in the memoir mentioned above, asserts that, under the influence of vegetable diet, alkaline medicines and turpentine, gall-stones had become disaggregated. Mr. Trousseau does not believe in the possibility of their dissociation by such means. All that can be hoped for is, in his opinion, an arrest of their increase, and the prevention of further concretions by checking the production of cholesterine.

Now cholesterine being a fatty, crystallizable product, it is necessary, in order to diminish its quantity, to reduce in amount all the fatty structures of the system. For this purpose the practitioner must resort to alkaline drugs, which saponify these fatty products, and render them more soluble, to physical exercise by which their combustion is promoted, and to the articles of food, which contribute least to their production. The first professor of materia medica, of the School of Medicine of Paris, Peyrilhe, remarked that, in the larger herbivorous animals, oxen, for instance,

which are very liable to hepatic gravel, the gall-bladder is filled with calculi from April to June, and that, from September to December, it contains none. He concluded from this fact that the production of cholesterine is promoted in these animals by dry food, consisting partly in oleaginous grain, and that, on the contrary, chlorophyl, the green matter of the leaves of vegetables, is a solvent particularly calculated to obviate the formation of that fatty substance. Peyrilhe was right; but another influence, most important in the question, that of prolonged repose, had escaped his notice. In the human subject, a sedentary life acts much in the same manner as stabling on cattle, and this reason accounts for the greater frequency of hepatic concretions in women. Now green vegetables, although acid, cause the urine to assume an alkaline reaction; they saponify fatty matter, and we thus possess, in muscular exercise on the one hand, and in green vegetables or alkaline nutriment on the other, the principal elements of the preventive treatment of biliary gravel.

Patients afflicted with this disease should be recommended to take walking exercise and a diet chiefly consisting of green vegetables, together with lean meat and ripe fruit in the season. Greasy substances of all kinds, such as the fat portions of meat, butter, oil and milk should be strictly prohibited, and likewise watery nutriment, farinaceous or gelatinous food, which, from the amount of carbon and hydrogen they contain, are closely analogous to fatty matter. At the same time the mineral alkaline waters of Vals (Ardèche), Vichy, Pougues, Mont-Dore should be prescribed, not for the purpose of saturating the system with their mineralizing ingredients, but in order to place the constitution in such a favourable condition as to allow of the interruption of their use for three or four months. They should not be continued for an unreasonable length of time. They must be used as tonic, sea-baths, or others, interrupted and resumed every two or three months.

It is in the same manner that ether and essence of turpentine, the elements of Durande's remedy, should be exhibited for the treatment of hepatic gravel. Instead of this mixture, which was recommended by the Dijon phy-

sician, Mr. Trousseau prescribes the ether and turpentine in gelatinous capsules, containing, as we have stated, eighteen drops of the remedial agent. During the first week, the patient should take, the first two days, three doses daily, each of one capsule of ether and one of turpentine, altogether six; on the third and fourth days, two capsules of each kind three times, viz. twelve capsules; and during the ensuing four days, three capsules of either sort three times, altogether eighteen. The medicine is then interrupted for a month, and at the end of that period resumed as before. Again the remedy is suspended for two months, and at the expiration of that interval the treatment is instituted for the third time, when a further interruption of three months takes place, and so on. Such is a summary of the medication recommended by Mr. Trousseau in the case of the two patients at present undergoing treatment in his wards.

## ART. 5624.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Of the temporary and permanent spontaneous cure of cancer.*

The absurd rumour made about a mountebank by the romancing penny-a-liners of the Parisian press, who have bestowed upon him the appellation of "*the black Doctor*," invests with a peculiar degree of interest the remarks suggested to Mr. Nélaton by a case of cancer of the temporal region observed in a girl at present lying in his wards.

The patient, five years ago, was in the apparent enjoyment of excellent health, when she noticed that the left half of her upper lip was the seat of slight tingling, and soon became insensible to contact. The same phenomena of anæsthesia and analgesia subsequently appeared in the gums of the left superior maxilla and on the same side of the palate, these parts being somewhat later quite paralysed. The muscles engaged in mastication ceasing to act,



chewing became difficult, and at the same time a cup-shaped tumour formed within the orbit, behind the eye-ball, which was gradually propelled forward. Mr. Nélaton for a long time hesitated to remove this growth on account of its possible connection with the brain. He deemed it more advisable to consider the disease as one which might be amenable to treatment; and although the previous history of the patient in nowise confirmed the supposition of the existence of the syphilitic taint in her system, he prescribed at adventure, a course of treatment with mercury and iodide of potassium. This medication produced no improvement; the disease continued to progress, the eye-ball extruded entirely from the orbit, and not being protected by the palpebræ, the cornea became ulcerated from permanent exposure. Under the circumstances, surgical interference could not any longer be delayed; the operation was performed boldly, but without any view to the removal of the whole of the tumour. All that could be expected was to make life endurable, and render the aspect of the countenance less repulsive. The growth was therefore removed in part, and proved to be a genuine medullary cancer, marked by the softness, roseate hue and vascularity of its texture. One half of the sarcoma was left within the orbit, and a more or less speedy repululation was expected, when the surprising fact was observed of a gradual decrease of the stump of the tumour, so unmistakeable and so rapid that, after a few months, the young patient was dismissed, to all appearance, perfectly cured. This favourable result could not fairly be attributed to the previous exhibition of mercury and iodide of potassium, the retrocession of the disease having begun a long time after that course of treatment had been abandoned. The cure, however, *lasted one year*, and at the expiration of that period a second tumour of the same nature as the first showed itself at the temple, and for the treatment of this fresh sarcoma, the patient was readmitted into hospital and was operated upon on the 1st of April.

Mr. Nélaton has met with two analogous instances, which afford a clue to certain cases of success that have been made the most of to serve the purposes of unscrupulous quackery. Two years ago, the professor was called

in consultation by Dr. Campbell for a child between four and five months old, who bore on the nape of the neck, in close vicinity to the base of the skull, a tumour of large dimensions comparatively with the size of the infant : it occupied the whole of the posterior cervical region, and was covered by the distended, thin and vascular integument; evident fluctuation was present, and in short the growth had all the characters of an extremely soft medullary sarcoma. One favourable chance however remained, namely the tumour, instead of being malignant, might possibly be formed by a sanguineous fluid, a not uncommon occurrence in new-born children. In order to remove all doubt, an exploring needle was inserted into the morbid enlargement, with the further intention of injecting an iodine solution, in case the nature of the fluid escaping along the groove gave satisfactory information. The matter supplied by the puncture was not however sanguinolent, but scarlet, arterial, coagulable blood very different from the dark brown, uncoagulable contents of hematic collections. The diagnosis of sarcomatous cancer thus received additional confirmation, and the child was considered as doomed to unavoidable death. The parents were however spared the full expression of the apprehensions of the medical attendants, and iodide of potassium, in insignificant doses, was prescribed in sirup. Despite the unfavourable prognosis in this case, the tumour gradually decreased in size, and after the lapse of a few months nothing remained of the disease but the shrivelled and vascular aspect of the skin by which it had been covered.

Mr. Nélaton related another equally instructive case, which he observed ten years ago in the same wards, which he is now attached to as head-surgeon. The patient was a man, who was admitted into hospital for a tumour on the crown of the head : the swelling, which at first afforded but obscure signs of fluctuation, increased in size, and the presence of a fluid became evident. Dr. Gosselin, who at that period supplied the place of Professor Jules Cloquet, considered the tumour to be a tertiary symptom of syphilis. The progress of the disease was however unchecked, and three other tumours clustered around the original swelling, and at a certain period of the ailment the malignant growths

underwent a remarkable change. From being, as at first, independent of the skull, they suddenly became pulsative, the bones were found to be perforated, and with each inspiration, with every paroxysm of coughing, an impulse was communicated to the tumours precisely similar to that observed in inguinal hernia under the same circumstances. This disease therefore, which at first presented the appearance of a syphilitic node, now offered the unmistakeable characters of medullary cancer of the bones, by which the osseous texture had been perforated, without leaving any residue, as if the parts had been stamped out with a punch. The patient was considered as doomed to inevitable death, and a vigo plaster was merely applied to the head. Shortly however, the tumours were observed to decrease and *ultimately vanished*, leaving four perfectly regular holes in the cranium. The case was then discharged, and the subject returned, perfectly cured, to his usual avocations; some time afterwards he was seized with endocarditis and died in the same wards where he had previously been. Mr. Nélaton, who was in provisional attendance, carefully examined the bones of the head, and found, in the region which had formerly been the seat of the disease, a resisting membrane formed by the close adhesion of the periosteum and dura mater.

Cancer therefore is a disease susceptible of spontaneous cure. Messrs. Monod and Bérard relate two instances illustrative of this assertion, and some others are to be found in scientific records (1), and it is to this class of

(1) Mr. Fauvel, a house-surgeon of the Hospital of La Charité, has recently published an entertaining and instructive pamphlet entitled : *The real truth on Mr. Vries, alias the black Doctor*. This little volume is replete with amusing details about this eccentric individual, who of late has become an object of much curiosity to the public : after a variety of revelations of a damaging character to Mr. Vries and his antidote, the author relates a certain number of cases of cancer, the spontaneous cure of which is authenticated by the attestation of respectable authorities. We extract the following passages from Mr. Fauvel's quotations :

“ In Boyer's *Traité des maladies chirurgicales*, vol. VII, 1821, page 233, we find : “ In some instances a cancerous tumour becomes gangrenous, and is thus eliminated from the healthy parts by mortification. This termination has been considered as a boon, and has been a cause of congra-



unfortunately too unfrequent cases, that Mr. Nélaton refers the alleged *miraculous* cure of Mr. Sax, if, as every one must hope, Mr. Sax really is cured.

### ART. 5625.

*Remarks on the treatment of gonorrhœa in man. Substituting medication; caustic and irritant injections.*  
See Art. 5587, 5596 and 5613.

The brilliant results of this medication have gained it many partisans; but to attain the end proposed, it must be used with reserve and circumspection. We cannot lay too much stress on the precept that a counter-indication exists when micturition is painful and erection frequent.

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tulation... I once met with a case of the kind : a Russian princess was suffering from cancer of the left breast, and for twelve months had travelled over Europe in quest of some remedy to her disease.... A French physician, whom she met at Dresden, persuaded her to go to Barèges where she might obtain relief from the use of the waters, and although her constitution was much exhausted by the disease, she undertook the journey. During her stay at Barèges, where she used the waters in the shape of douches and baths, *the tumour, which was very large, mortified and fell away.* The consequent wound was very extensive, but healed completely. Soon however, cancerous tubercles formed in great numbers in the vicinity of the cicatrix, the constitutional symptoms of cancer became daily more decisive, and the patient died in Paris, eight months after the event which had awakened the hopes of a complete cure."

"Mr. Velpeau, in his treatise on *Diseases of the Breast*, 2d edit. 1858, page 514, referring to Boyer's case, and to the cure of cancer by mortification, says : "I have myself observed four such instances : but gangrene, removing a portion only of the malignant growth, does not effect a genuine cure, but a sort of accidental destruction, produced by nature, or more correctly by the disease itself, the evolution of which is thus mechanically impeded."

"What do we find in a work familiar to and appreciated by all physicians, the *Dictionnaire de Médecine*, in 30 vols. ? Vol. XIII, page 601. "Bayle and other practitioners have witnessed the elimination of the entire breast by mortification, and the subsequent healing of the wound occasioned by its separation." Signed, Marjolin. Further, in vol. VIII, page 268, Art. *Cancer*, signed P. Bérard : "enormous cancerous tumours have occasionally been completely removed by gangrene to the great surprise of the surgeon

It is particularly appropriate in the following conditions : 1. in the earliest stage of gonorrhœa; 2. when the discharge is purulent and sluggish; 3. in cases in which the period of decline of the urethritis is protracted, and especially when astringent and balsamic injections, to which

who could not possibly foresee such an effort of nature in favour of the patient, thus unexpectedly restored to health."

"To abridge these quotations, we will conclude with the cases related by Dr. Tanchou before we speak of Mr. Broca's valuable memoir.

"In his work on the *Treatment of cancerous tumours*, 1844, pages 76 to 84, passim, Dr. Tanchou records six cases of cancerous growths cured by mortification : the first was supplied by Mr. Rigal, of Gaillac; the second by Mr. Horace Garneri, a surgeon at Turin; the name of the person who communicated the third case is omitted; the fourth belongs to Professor Richerand, the fifth to Mr. Fristo and the sixth is borrowed from Dupuytren's practice at the Hôtel-Dieu.

"In a prize paper, crowned by the Academy of Medicine in 1850, Mr. P. Broca, fellow of the School of Medicine and surgeon of the hospitals, states, page 627, when treating of SPHACELUS IN CANCER, "*.... a cancerous tumour is sometimes removed in one mass; this constitutes the sphacelus of cancerous growths.*

"This circumstance occurs in exceptional cases only. Van Swieten, who never witnessed it, has expressed doubts as to its possibility. Such doubts can no longer be entertained, the mortification of cancer having now been described in most works on the subject. I have myself met with but three cases, and even in these the gangrene was partial, but I have found about thirty cases in various authors most generally in ulcerated sarcoma of the breast."

".... Gangrene may be either *general* or *partial*... it may begin in one spot, and thence spread to the neighbouring parts of the tumour : this form is not uncommon in cancer, and I may designate it under the name of *progressive gangrene*. Progressive gangrene may become limited within the morbid growth, but it sometimes continues its course until the entire destruction of the malignant textures has been effected. From being partial, mortification then becomes general, as in a case recorded by Abernethy."

These various illustrations most clearly show that cancer is susceptible of cure from the unaided efforts of nature : and if any well-informed practitioner has the good fortune to meet in his practice with a case of this description, he surely will not be disposed to consider it miraculous. An important lesson may also be learned from the above facts, it is that taking into consideration these exceptional instances of cure, whether definitive or temporary only, the surgeon must use much reserve in his prognosis, particularly if the subject is young, and that he should never give over a patient how desperate soever his position may appear.

H. C.

we shall subsequently refer, have been long and unsuccessfully employed.

Although the greater part of caustic substances exhibited in proper doses may be used as substitutives, crystallized nitrate of silver dissolved in distilled water is pre-eminently the caustic, not only in gonorrhœa, but in all purulent affections of the mucous membranes.

The dose of nitrate of silver for injections is not absolute. After numerous experiments, the caustic solution we prefer is that of a tenth ( $6\frac{1}{4}$  gr. of nitrate of silver to  $2\frac{1}{2}$  dr. distilled water). This injection we use for the abortive treatment, and in cases in which the discharge is very copious and unattended with pain. For other cases, in which the substitutive medication appears to us indicated, we prescribe the following injection :

*R.* Arg. nitrat. crystall. . . . 16 gr.  
Aq. destill. . . . .  $3\frac{1}{2}$  oz.

The *modus faciendi* of the injection is of great importance. A caustic injection of proper strength and clearly necessary may be unsuccessful merely from the circumstance of defective performance. If the discharge is very copious, it will not be useless, at the time of administering the caustic injection, to order the patient to void urine or to make a preliminary injection of tepid water, in order to clear the duct of the muco-pus, which may prevent the contact of the injected liquid with the mucous membrane of the urethra; in the contrary case, this precaution is unnecessary.

It is highly important, in order to ensure the success of the injection, to introduce into the cavity of the urethra a quantity of liquid sufficient to distend its parietes and completely to wash the mucous membrane. For this purpose, the proper instrument is a small common ivory or glass syringe, in good working order, and half filled with the caustic solution, which should be quickly and resolutely injected, the extremity of the urethra, i. e. the glans, being at the same time pressed upon the canula of the instrument (1).

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(1) Syringes, with too small canulæ, cannot be properly fixed in the meatus : in addition to which their cavity, being inadequate, does not propel the liquid with sufficient celerity.



We allow the liquid injected into the urethra to remain three or four seconds, after which we permit it to escape.

This little operation is not difficult of performance; but as we have ascertained that patients seldom effect it properly, we almost always undertake the task ourselves.

All that has been said and written of the *exquisite* pains induced by caustic injections, of the violent inflammations, strangury, abscesses, epididymitis, etc., etc., which they occasion, is at most true when these injections have been administered in cases of acute gonorrhœa. In the contrary conditions, i. e. when the discharge is indolent, not only the pain consequent upon the injection is easily borne, but we affirm that very often it is so moderate that the patients but little suspect the nature of the injection they have just received.

The reaction consequent on the injection is generally proportionate to the pain which accompanies or follows it. It gives rise to certain symptoms, of which the patient should be apprized, such as tumefaction of the glans, swelling of the lips of the meatus, œdematous tumefaction of the mucous membrane of the prepuce, pains in passing water, a serous or sanguinolent oozing from the urethra. In short, caustic injection seems to substitute, for specific urethritis, a *traumatic inflammation*, which rapidly yields to the use of emulsive beverages, spare diet, applications of cold water, and the cure of which involves that of the *specific urethritis*.

We will now enter into some detail relative to the consequences of caustic injection.

In general, the first effect of the injection of nitrate of silver, in the proportion of *one tenth*, is a suspension of the purulent discharge, which, we have already stated, is replaced by a sero-sanguinolent running.

There are patients, but the number of them is small, who get completely rid of their gonorrhœa by a single injection of nitrate of silver, and without any subsequent intervention of astringents or balsamics. The injection, in these fortunate cases, really acts like a specific; and we know of no medication, the results of which, in any disease whatever, are at the same time more prompt, more sure

and especially more satisfactory. Unhappily this termination is not ordinarily the case. Most frequently, after two or three days' cessation of the discharge, the latter has a tendency to return. The sero-sanguinolent oozing is succeeded by a whitish running, which, if the disease is left to itself, rapidly increases and again becomes puriform. It is therefore very important to watch the patient after the injection, in order to be ready to act as the case may require.

During the whole time of the cessation of the purulent discharge, the surgeon may confine his efforts to an expectant medication, prescribing strict diet, and cold and emulsive beverages. But immediately on the reappearance of the puriform running, which is, as we have already stated, the precursor of a relapse and the sign of the failure of the injection, it will be desirable immediately to prescribe for the patient very weak astringent injections, (sulphate of zinc, 3 gr., or acetate of lead,  $\frac{1}{2}$  dr. to  $3\frac{1}{4}$  oz. of distilled water), which the patient will use four or five times a day at least, and which he will dilute by the addition of a little water, if they cause pain. It is then essential not to associate with this astringent medication the internal use of balsamics (cubebs, copaiva), the urethra still being under the influence of traumatic irritation, which would be exacerbated by the passage of urine impregnated with these medicinal substances.

There is a third case still more embarrassing, and far from being as rare as it is said to be by the indiscriminating partisans of nitrate of silver in large doses : that in which the purulent discharge outlasts in some measure the injection intended to effect its cessation, and reappears with all its characteristics, and that the very day or the morrow of the injection. What is to be done then? We have often tried a variety of astringent injections, modifying their composition in many different ways ; they have proved inefficient. We may aver the same of balsamics ; and in these cases we usually proceed in the following manner :

If the reaction occasioned by nitrate of silver has reproduced the acute state of gonorrhœa, we contend with it by the series of means indicated in the antiphlogistic treat-

ment of gonorrhœa (vegetable diet, emulsive beverages, etc.), and that as long as pain in voiding urine and erections persist. We then proceed to astringent injections, with which we associate balsamics a little later, if the injections appear to us insufficient. If, on the contrary, the reaction induced by the nitrate of silver has been feeble and *a fortiori* if null, we reiterate the abortive injection, but vary the quantity of liquid injected, which we then use largely and as if it were an astringent injection; or we convey it to the deep parts of the canal by means of a flexible sound, to the aperture of which is adapted a syringe.

The immediate effects of the injections do not essentially differ from those which follow the injection performed by the aid of the syringe and with a small quantity of liquid. The same may be said of the diversity of results produced. The treatment to be observed after these injections is that pointed out for caustic injections by the ordinary process.

F. CLERC, M. D.

## MEDICAL CORRESPONDENCE.

ART. 5626. UTERINE HEMORRHAGE CHECKED BY PHOSPHORIC ACID. — The numerous instances of success I have had the good fortune to meet with from the exhibition of phosphoric acid, in passive or active uterine hemorrhage, induce me to record, in the pages of the present Journal, some results, which illustrate the beneficial action of the remedial agent. Amongst the persons I have treated by this medicine, I may mention a woman, aged thirty-six, belonging to the family of an agriculturist, who had been suffering four days from uterine hemorrhage; the midwife in attendance had in vain exhibited the ergot, and resorted to cold applications; and, when I saw the patient, she was in an alarming state of syncope. Under these circumstances, I immediately prescribed the following mixture to be taken every half-hour in table-spoonfuls :

R. Decocti salep (4 gr.). . . .	6 $\frac{1}{4}$ oz.
Acid. phosphorici. . . . .	1 dr.
Syr. rubi idæi. . . . .	4 dr.

I also recommended free ventilation and cold lemonade. Three or four spoonfuls of the solution had scarcely been taken, when the hemorrhage perceptibly decreased, and, some few hours later, it had completely ceased; no relapse has since taken place.



At the end of December last, I was summoned to Neuville, for a woman, aged forty, who had reached the third month of her pregnancy; I found her motionless, extremely pale, cold, insensible and unable to answer my questions; the pupils were dilated, and I was informed by the midwife that enormous flooding had already taken place. I at once prescribed :

R. Decocti salep (10 gr.) . . . . .	6 $\frac{1}{4}$ oz.
Acid. phosphorici. . . . .	1 $\frac{1}{2}$ dr.
Syr. rubi idæi. . . . .	} aa 4 dr.
Syr. papav. . . . .	

For a mixture to be taken in table-spoonfuls every quarter of an hour and every half hour in the event of improvement.

After two or three doses of this mixture, the face reassumed a more animated expression, its deathly hue was gradually effaced by returning life, and with strength reappeared both speech and sensation. The hemorrhage, which had yielded on the first day, was reproduced on the second, not, however, with any degree of violence, but uterine pain was complained of. On the fourth day, an ovum, which had reached the third month of its growth, was expelled, an event which was followed by a normal lochial discharge, and the recovery was complete on the sixteenth day.

Amongst other conclusive instances, I might also relate the case of an old unmarried lady, aged sixty, who, after the suppression of the menses, several years having elapsed without any return of the periods, was suddenly affected with abundant uterine hemorrhage. I have recommended to her the course of treatment above described, and I have every reason to hope that the symptoms will soon be subdued. In young plethoric women, I bleed from the arm when I am summoned at an early period of the hemorrhage, and subsequently I prescribe the phosphoric acid, which is as beneficial in these cases as in the other instances of uterine flooding.

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## SCIENTIFIC MISCELLANEA.

ART. 5627. DISSECTION-WOUNDS; SMALL-POX; CHLORIC PREPARATIONS. — The remedies resorted to for dissection-wounds are in general prescribed more for the purpose of mitigating their dire consequences than with a view to the destruction of their cause. The desideratum in a disease, which is the occasion of so much mortality amongst young students, was a specific acting in a direct manner upon the *cada-veric poison*, and chemically possessed of a prompt neutralizing power over its effects. If we are to trust the assertions contained in a notice recently published by Mr. Garrigou, in the *Gazette des Hôpitaux*, Dr. Nonat has attained that desirable object by the use of chlorine water. This gentleman has advocated the administration of this remedy since the year

1836, and has never found it fail. He had an opportunity of testing its beneficial action in his own case under the following circumstances :

Having taken a bath twenty-four hours after a post-mortem examination of the body of a woman who had died of puerperal fever, Mr. Nonat was suddenly seized with a violent shivering fit, which he was totally unable to account for. On inspection of his left hand, which was rather painful, he observed several roseate lines originating in an excoriation of some days standing, on the outer aspect of the thumb. The inflamed lymphatics ran towards the axilla, where already several glands were tumefied. He at once returned home, bathed the hand for some time in chlorine water, and experienced immediate relief. The chlorine bath was repeated twice or three times in the course of the day; the symptoms gradually yielded, and, after a few days, inflammation had totally ceased, and no suppuration whatever occurred in the axilla.

Mr. Nonat has observed, in several of his pupils, corresponding results. But success appears to be entirely dependent on the method being resorted to previously to the occurrence of puriform infection, a circumstance which deprives the chlorine of its efficacy. Mr. Garrigou's personal experience, and that which he derives from the cases of students wounded during dissection or post-mortem examinations, have proved to him that any such wounds, treated in this manner, are immediately divested of their perilous character. Chlorine, in this instance, would seem to act as in cases of poisoning by hydro-cyanic or hydro-sulphuric acids, the decomposition of the poison being instantaneous.

We are inclined to believe that it is also with a view to the chemical decomposition of the virus of small-pox, that Dr. Eisenmann, of Würtzburg (Bavaria), recommends lotions with the aqueous solution of chlorine in that disease. Without entering into the theory of its operation, a question which that practitioner himself considers of secondary importance, we will indicate the chief results of the method of treatment which he recently promulgated in a letter inserted in the *Bulletin de Thérapeutique* :

Several cases of small-pox having proved fatal at Würtzburg, in consequence of asphyxia occasioned by an abundant eruption of pustules on the laryngeal mucous membrane, Mr. Eisenmann endeavoured to discover some means of limiting the exanthema to the skin, and, for this purpose, he tried general lotions with chlorine water, which his master, Professor Schoenlein, had successfully prescribed in scarlatina. The first case in which he resorted to this treatment was that of a student from the Palatinate, in whom the variola had reached the eruptive stage. Mr. Eisenmann prescribed general lotions, three or four times a day, with chlorine water mixed with equal parts of tepid rain-water. Their effect was surprising, the eruption coming out, as it were, during the ablutions, and the exanthema running through its periods with rapidity. Instead of scabs, mere pellicles fell away after two days, leaving no scar whatever. The patient felt comfortable during the whole course of the treatment, and he was quite well six days after the invasion of the disease. Internally, no other remedy had been prescribed but a small quantity of muriatic acid in a decoction of marsh-mallows.

Mr. Eisenmann was soon enabled to repeat the experiment on a larger scale. 45 prisoners of both sexes, affected with small-pox, were placed under his care, the eruption being incipient in some, whilst in others it was already accomplished. The treatment above described was applied to the former, and, for the latter, gargles were also prescribed with a mixture of chlorine water and rain-water, and also inhalations of the warm steam of chlorine water upon which the physician laid particular stress. The forty-five patients recovered without any pitting or any consecutive symptoms, and the period of convalescence seemed to be almost suppressed. Somewhat later, Mr. Eisenmann, desirous of ascertaining what precise amount of abridgment of the duration of small-pox is referrible to the chlorine lotions, made the following experiment in a mild case : the face only was sponged with the chlorine water, and the pustules existing upon the other parts of the body were not interfered with. The consequence was that desiccation and desquamation were concluded upon the face, the other parts of the body being still covered with adhesive scabs, which had not entirely fallen away when the patient was present at a ball, his face being quite free from either scars or patches.

Subsequently to these experiments, Dr. Golden, of Strasburg, in Prussia, and Dr. Cramer, a Prussian military surgeon, have acknowledged the efficacy of this method. Mr. Golden has used it with success in six very serious cases of small-pox; and Mr. Cramer chiefly extols the utility of the chloric gargles in the variolic eruptions of the fauces and larynx. He relates the case of a boy, aged fourteen, in whom about 40 pustules had broken out upon the tongue, the soft palate, uvula, tonsils and epiglottis; the chloric gargles were prescribed, and long before desquamation of the skin, the eruption of the mouth had entirely disappeared.

These brilliant results exceed by far those which are yielded by the other methods adopted for the purpose of preventing pitting; and if chlorine preparations constantly produce these wonderful effects, Dr. Golden is justified in asserting that Mr. Eisenmann has supplied us with a remedy for small-pox not inferior in efficacy to the method discovered by Jenner for the prevention of that disease.

## PRESCRIPTIONS AND FORMULAS.

ART. 5628. PLEURISY WITH EFFUSION; DIURETIC MIXTURE.—One of our patients, a lady, who had been affected with pleurisy, still continued, in spite of the exhibition of digitalis and the application of several blisters, to present serous effusion within the pleura. By Mr. Blache's advice, we resorted with much advantage, in this case, to the following mixture :

R. Potassæ acetatis. . . .	} aa 1 dr.
Potassæ nitratis. . . .	
Aq. destill. . . . .	5 oz.
Syrup. laxat. comp. (1).	1½ —
F. S. A.	

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(1) *Sirop des cinq racines apéritives* described in the French codex as a compound syrup of celery, parsley, fennel, asparagus and Butcher's broom.



This mixture is that which the late Dr. Fouquier was in the habit of prescribing in cases of serous effusion, and Mr. Blache, following that learned professor's example, states that he has always found it an efficient diuretic.

ART. 5629. FORMULA FOR MENTAGRA. — Dr. Duprez, a military surgeon at Ghent, forwards to the *Archives belges de médecine militaire*, the history of two cases of pustulous mentagra, which yielded in a comparatively short time to the treatment instituted by Dr. Richard, of Soissons.

This medication consists in the administration of the usual general medicines, and, when the scabs have fallen away, in frequent lotions upon the diseased parts with the following solution :

R Zinci sulphatis. . . . .	$\frac{1}{2}$ oz.
Cupri sulphatis. . . . .	1 dr.
Aq. destill. . . . .	1 pint.
Aq. destill. lauro-cerasi. . . . .	$\frac{1}{2}$ oz.

ART. 5630. OINTMENT FOR WARTS. — The *Répertoire de pharmacie* reproduces, from the *Allgemeine medic. Central-Zeitung*, the following prescription for an ointment strongly recommended by Dr. Blaschko for the destruction of warts :

R. Potassæ chromatis. . . . .	2 gr.
Adipis. . . . .	1 dr.

The excrescences should be rubbed with this preparation twice daily, and, in the space of three or four weeks, the most inveterate verrucose productions are said to be entirely removed.

## ART. 5631.

### LEARNED SOCIETIES.

ACADEMY OF MEDICINE. — Dr. Raciborski read a paper entitled : *Remarks on plica polonica, and on a new form of hypochondriasis which might be called trichomatic hypochondriasis.*

According to the opinion most prevalent in Poland, said the author, plica consists in a sort of crisis, the most favourable termination of a special diathesis, which may occasion serious disturbance of health, and dependent sometimes upon rheumatic tendencies, and occasionally upon neuralgia or some forms of neurosis, or inflammations. Whenever the presence of this diathesis is suspected, it is proper to endeavour to promote matting of the hair. Woe to him, who, on the detection of the first symptoms, should imprudently attempt to unravel the entangled locks, or cut them before the time when the crisis has reached its maturity ! He would promptly be assailed by a host of evils, the cause of which nature was preparing to eliminate.

This doctrine, of popular origin, has long been entertained by the majority of the Polish physicians, and by their neighbours the Germans, as much from conviction as from a desire to cloak either their want of knowledge to discriminate, or of power to remedy various chronic diseases, which they are not sorry to be able to refer to an undetected or improperly treated trichomatous diathesis, a plausible explanation of the obstinacy of the cases.

Other physicians deny the existence of a peculiar trichomatous diathesis, but persist in considering plica in the light of a manifestation of a critical nature, encouraged by certain endemic influences, and liable to appear during the course of various complaints.

Others finally attribute plica merely to superstition and uncleanly habits; the disease, in their opinion, is undeserving of the attention of physicians, and they think, with Desgenettes, that its treatment should be abandoned to hair-dressers.

It is a fact admitted by all those who have written on the subject, that the matting of the hair may be brought on by mere inattention to common cleanliness. This neglect is sometimes found among persons belonging to the highest classes of society, from the erroneous impression that trichosis is but the appearance of a favourable crisis, which augurs well for the future health of the patients.

Mr. Raciborski then exhibited an enormous plexus of hair which had been removed from the head of a Polish clergyman, and formed the external part only of the entangled mass. The patient had applied himself for seven years to the production of the present result, promoting in every imaginable manner the matting, and, in order to secure this object, he had even poured upon his hair a certain amount of melted wax. He was under the impression that, by this course, he was assisting the operation of nature and the expulsion of the trichomatous virus.

Mr. Raciborski ascertained, from careful examination of the case, that the patient was affected with genuine hypochondriasis, and that, under the influence of this form of mental derangement, he fancied himself a prey to a multitude of morbid poisons from which the crisis of plica was calculated to deliver him.

The author then entered upon an elaborate study of the different forms of hypochondria, and endeavoured to prove the existence of what he called the *trichomatic* variety, which would be marked by the tendency of the patients to believe themselves affected with the diathesis special to plica.

M. Raciborski concluded his paper by an account of the microscopical researches of Mr. Robin on the peculiar condition of the hair of persons suffering from trichosis. It contains epithelial cells and a large number of fungi analogous to those of favus. (*Achorion Schanlein*).

The tangled mass also presents a powder formed of irregular brownish granules, which are easily separated and consist : 1. of numerous epithelial cells imbedded in a large quantity of fatty matter ; 2. of a multitude of fungi similar to those found in yeast ; and, 3. some few cylindrical filaments, soluble, like fatty matter, in chloroform, and possessed of the

same yellowish hue and refracting power. The hair itself seems to have undergone no change.

—Our readers may recollect that, in 1845, a committee, of which Mr. Danyau was the reporter, was entrusted with the duty of framing a reply to various questions propounded to the Academy by the Préfet de la Seine, on the subject of the exhibition of the ergot in obstetrical practice. The effect of the answers of the learned reporter was to restrict the abuse of the too frequent administration of that remedial agent as a means of accelerating delivery. This salutary influence has, however, become gradually less efficient, and a statistical paper, forwarded to the Academy by Mr. Deville, one of the inspectors of the service of the registration of deaths, again displays the fatal results of a method which had met from the late Mr. Capuron with the most decided opposition.

Mr. Deville's inquiry especially bears upon 515 still-born children, or registered as such. Of these 515 infants, the author found: 8 acephalous fetuses or monsters, 8 cases of application of the forceps or perforator, 3 times the placenta was detached, once the cord was twisted round the neck of the child; on 10 occasions, flooding and uterine hemorrhage had occurred; an arm presented 9 times and turning was performed; 30 cases were presentations of the feet, and 5 of the breech when turning was effected; in 62 cases, the mother had met with some injury from falls, blows, etc.; in 30 instances, the mothers had fits of anger, or experienced some violent alarm; criminal abortion was either acknowledged or discovered in 22 cases; 44 times fetuses at various periods of development had died in utero several days before expulsion, and from various causes, most probably unacknowledged or undetected attempts to produce abortion; 36 times still-born children were twins of either sex; 96 fetuses of from 4 to 6 months were not viable; on 79 occasions, the mother had suffered from dangerous illness and their children had died several days before delivery. Recapitulating these figures, we find 443 still-births in which the cause of death was always obvious. To complete the total of 515, 72 still-born children remain, which can be classed with none of those above enumerated. These cases correspond to 72 instances of exhibition of ergot under various circumstances, i. e. rather more than one in seven, a result, which surely is deserving of the attention of the administrative authorities.

“The only serious objection which can be raised to these researches,” said Mr. Deville, “is that it would have been necessary, in order to give this documentary evidence its full amount of importance, to draw up statistics of all those children who are born alive, in cases in which ergot was taken by the mother during labour. This inquiry was impossible; but although it may not be worked out in figures, a certain amount of moral proof is attainable. Thus, for more than thirty years, we have observed that many practitioners remain in doubt, and that the greater number of gentlemen who devote themselves to obstetrics, altogether refrain from the use of ergot. How frequently have we not heard conscientious accoucheurs say: “Formerly we prescribed the ergot in cases of deficient uterine action, and tedious labour, and if we have given up the practice, it is be-



cause too frequently the children were still-born. We now prefer waiting and applying the forceps, if necessary or practicable.

“If, on the other hand, the instructions for the exhibition of the ergot without danger to the child, are attended to, and they should be, the application of the rules for the efficient administration of the drug will often cause the accoucheur to pause. To ascertain and estimate the proper conditions for the prescription of this medicine, requires the learning of a professor, or, to say the least, the experience of a very able practitioner, and the ergot is mostly administered by ignorant midwives, or young surgeons on the threshold of their career. We must say, it is chiefly given in primiparous cases, when labour is tedious; and most generally midwives are induced to resort to this remedy from weariness and impatience.”

From these data, Mr. Deville concludes that the exhibition of the ergot of rye is always a cause of danger to the child; that it is generally prescribed by incompetent persons, who seldom observe the conditions necessary for success; that, even when the rules laid down in science are strictly complied with, the accoucheur can never be certain that the child will survive when the ergot has been administered during labour.

Mr. Deville's memoir is not only of interest in obstetrics, but suggests also a question of much importance in forensic medicine, viz. : the abortive action of the ergot. The Academy, therefore, named for the examination of this valuable communication a committee consisting of Messrs. Paul Dubois, Danyau and Devergie.

— Mr. Huguier read a voluminous memoir on *hypertrophic elongation* of the cervix uteri in the diseases improperly denominated prolapsus or falling of the womb, and their treatment by excision or amputation of the entire cervix, according to the peculiar circumstances of each case. The following is an abstract of his remarks :

Up to a very recent period, it was a generally received opinion, which many distinguished practitioners still hold, that the appearance of the os tinæ at the vulva, and the extrusion of a more or less considerable portion of the uterus beyond the external organs of generation, were consequent upon a displacement of the viscus, ■ prolapsus, a real falling of the entire body of the womb.

Whatever may be the opinion entertained by the most eminent men on this subject, we are enabled to assert and demonstrate that this view is referrible to an incorrect interpretation of the greater number of the facts on record, and that extrusion of the womb results merely from partial or general hypertrophic elongation of the viscus.

The best proof to be adduced of the truth of this assertion is that, in almost every instance, the body of the womb preserves very nearly its natural situation, and, if the uterine cavity is measured with an appropriate instrument, the presence of elongation will readily be detected. The attentive exploration of the tumour, and the insertion of one or two fingers into the rectum will further satisfactorily establish the fact that the womb has not left its seat within the pelvis.

In support of the opinions propounded in this paper, M. Huguier exhi-

bited a certain number of anatomical preparations, and concluded with the following propositions which accurately embody his views :

“ 1. Prolapsus uteri, whether complete or incomplete, is not one disease, but an assemblage of several under one name;

“ 2. When the uterus extrudes, the vagina being even at the same time completely inverted, and when the womb appears, from the size of the tumour of which it occupies the centre, to have been bodily precipitated between the thighs, such extrusion is not the result of the organ being lowered in toto and ejected from the cavity of the pelvis, but of hypertrophic elongation of the viscus, either partial or general ;

“ 3. In the disease called falling of the womb, the elongation with hypertrophy is not an exception, but a rule;

“ 4. Two principal forms of longitudinal hypertrophy, viz. : sub-vaginal and supra-vaginal, which constitute two distinct diseases, may simulate the falling and prolapsus of the womb ;

“ 5. In the first variety, the cervix forms in the vagina a cylindrical or conical tumour, more or less elongated, the extremity of which descends towards the vulvar aperture, and may even protrude between the labia, without any shortening, invagination or inversion of the passage ;

“ 6. Up to a recent period it has been confounded with lowering and prolapsus of the womb, when it has not been mistaken and treated for prolapsus, chronic inversion, follicular cyst, scirrhus of the cervix, or dropsy of that part ;

“ 7. This form of hypertrophy had never hitherto been accurately described, despite the marked peculiarities of its development, symptoms and treatment;

“ 8. Medicinal interference and the different sorts of cauterization can be beneficial but in slight hypertrophy, or when it is accompanied by inflammation or congestion ;

“ 9. Pessaries are most frequently unnecessary or dangerous ;

“ 10. When hypertrophic elongation of the cervix occasions serious symptoms, and has attained a length of from 2 or 3 inches, one only remedial method can be resorted to with any prospect of success, namely the excision of the cervix at 3 lines below the insertion of the vagina ;

“ 11. The disease hitherto designated under the denominations of prolapsus, falling, or complete extrusion of the womb, generally consists merely in longitudinal hypertrophy of the supra-vaginal part of the organ, the body and fundus of which have not abandoned the pelvic cavity, although complete inversion of the vagina may have taken place, and although the length of the tumour hanging between the thighs may be equal or superior to that of the healthy womb ;

“ 12. The cases of hypertrophic elongation of the supra-vaginal portion of the cervix, which are to be found scattered here and there, in the works of the writers of the two last centuries and the present, had passed unnoticed and have been hitherto unprofitable to science ; the authors themselves deduced no practical conclusions from these facts, and invariably mistook the disease for genuine prolapsus uteri ;

“ 13. In scarcely any work is to be found the proof of the existence of

complete extrusion of the womb founded upon symptoms and morbid anatomy ;

“ 14. On the contrary, the anatomical specimens which we have described, those which have been presented subsequently to our researches, by several of our colleagues, to the Chirurgical Society, and those which are exhibited in Dupuytren's Museum, fully demonstrate the frequency of hypertrophy and elongation of the cervix, and of prolapsus of the os uteri only, in the disease called falling of the womb ;

“ 15. Longitudinal hypertrophy of the supra-vaginal portion of the cervix and prolapsus uteri are marked by distinctly different semeiotic and anatomical signs by which the two diseases may readily be discriminated ;

“ 16. The looseness, weakening and forcible distension of the broad or round ligaments, or their destruction, do not share in any marked manner in the production of prolapsus uteri ; it is not so with the same description of changes in the utero-lumbar attachments ;

“ 17. In the treatment of this disease, recourse should be had to an operation with the knife, in the case only of the appearance of symptoms of a dangerous character and when the practitioner has ascertained the inefficacy of purely medical or prothetic measures ;

“ 18. All the operations, hitherto imagined for the purpose of meeting the therapeutic indications of the disease, are insufficient. They may however be beneficial in cases of simple prolapsus of the womb unconnected with hypertrophic elongation, and should be reserved for such cases ;

“ 19. In hypertrophic elongation of the cervix, accompanied by prolapsus of that portion of the womb and inversion of the vagina, the only operation, which meets the requirements of the case and affords any chance of success, is the excision of the cervix below the attachment of the vagina, more or less near the body of the viscus, according to the extent of the elongation ;

“ 20. This operation should never be attempted without the previous adoption of precautionary measures for the prevention of secondary inflammation. Such measures should be perseveringly continued with the utmost care for a fortnight or three weeks subsequently to the excision ;

“ 21. The uterine arteries are very difficult to secure ; in order to attain that end with speed and certainty, a sort of tenaculum should be used, which should be left in situ, until it spontaneously falls away ;

“ 22. The *écraseur linéaire* has appeared to us useful for the purpose of effecting the section of the cervix, particularly when that part is unusually vascular ;

“ 23. When the disease has been preceded by rectocele or voluminous cystocele or both diseases together, it may be necessary, after the removal of the cervix, to operate in succession for the herniæ of the rectum and bladder, as we have had several opportunities of doing with success ;

“ 24. The operation should not be performed when both the pelvis and vulvar aperture are large, the perineum lacerated and the soft parts, which constitute the base of the pelvis, much collapsed ;



“ 25. When the operation is effected under circumstances differing from the above, no relapse occurs, and health is restored to as flourishing a state as before the first appearance of the disease.”

Despite the extent of Mr. Huguier's paper, which contains no less than 300 folio sheets of close writing, it was read with sufficient speed to admit of the Academy entering at once upon the discussion of the propositions laid down by the able surgeon of Hospital Beaujon. Mr. Depaul, a zealous and valuable debater, first engaged the attention of the chair. He began by showing how the belief in complete extrusion of the womb has lost ground with every progress made in the anatomical knowledge of the changes brought on by the disease, and that, far from being new, Mr. Huguier's doctrine was but the complement of the researches of centuries. Mr. Depaul, quoting extracts from the works of Mrs. Boivin, Dr. Dugès, and a more recent publication by Dr. Herpin (of Geneva), reconstructed in its historical truth the scientific edifice of the knowledge acquired on the subject of hypertrophic elongation of the cervix. What is practically important to be ascertained, said he, is the definition of morbid hypertrophy. Where does it begin? If that denomination is conceded to any elongation of the cervix beyond a given extent, susceptible of valuation in lines and inches, hypertrophy is clearly far more common than is generally believed. But if, according to the dictates of common sense, that name is merely applied to an enlargement productive of marked discomfort, or of morbid symptoms of a more or less serious character, it then remains to be proved that this morbid hypertrophy, the only form deserving of the name, is as frequent as Mr. Huguier asserts.

Mr. Depaul expressed himself with his usual candour on the subject of the hystrometer, *i. e.* the uterine conductor used by Mr. Huguier for the estimation of the amount of elongation of the womb, an instrument which Mr. Depaul considers as always dangerous, and banishes almost absolutely from practice. The introduction of conductors into the womb, observed Mr. Depaul, doubtless supplies the means of ascertaining with precision the length of the cervix, but this knowledge, within the limits of a few lines, does not seem very essential. Mr. Depaul is satisfied with the mensuration obtained by the insertion of one finger per vaginam upon the os uteri, whilst the other hand, applied upon the hypogastric region, explores the fundus of the organ, and affords by approximation a knowledge of the size of the organ sufficient for all practical purposes. If the use of the hystrometer was argued to be a generally acknowledged progress, Mr. Depaul might bring forward some ten instances of serious accidents caused by the practice, such as hemorrhage, dangerous metritis, and fatal peritonitis. According to Mr. Depaul, this instrument should be used only in cases of extreme obesity, or of uterine deviation, when the fundus of the womb is inaccessible to palpation, and when, therefore, the diagnosis might otherwise remain uncertain.

With regard to treatment, Mr. Depaul considered the amputation of the cervix as a dangerous operation for which other means of treatment might be substituted with advantage.

“ Mr. Huguier, said Dr. Depaul, prohibits amputation whenever the length of the elongated cervix does not exceed 18 lines or two inches. If its enlargement is more considerable, the symptoms urgent, and all the other remedies have proved unavailing, he then determines upon the operation. These principles are doubtless perfectly sound, but Mr. Huguier has not invariably been guided by them.

“ Before determining upon amputation, the surgeon may resort to many other means. Thus, a patient, whose cervix has reached a length of 28 lines, may still, with the assistance of a common T bandage attend to her usual avocations, and even walk several miles.

“ We may moreover enumerate, amongst other resources of art, repose, anodynes, astringents, nitrate of silver mentioned by Mr. Huguier, and preferably the actual cautery which I have frequently used, and which surely produces no perils in any way comparable to those which may result from amputation of the cervix.”

Mr. Depaul here related several instances of excision in which death had been the consequence of the operation. He had himself lost a patient from this cause, and Mr. Dubois and Mr. Giraldès had been equally unfortunate. Looking back to a more distant period, he recollected, when he was a dresser in Mr. Lisfranc's wards, having seen patients die sometimes immediately after excision of the cervix; he was in possession of other analogous facts which he was not at liberty to disclose.

In our next number, we shall report the adjourned debate.

## ART. 5632.

### BIBLIOGRAPHY.

*Hygiène physique et morale de l'ouvrier dans les grandes villes en général, et dans la ville de Lyon en particulier.* (Physical and moral hygiene of workmen in large towns in general, and particularly in the city of Lyons, by A. L. Fonteret.<sup>1</sup>) — *Études sociales, hygiéniques et médicales sur les ouvriers employés aux travaux du port du Havre.* (Observations, social, hygienic and medical, upon the operatives employed on the works at the port of Havre, by A. Lecadre, M. D.<sup>2</sup>).

These two works, although widely different in form, resemble each other in the object which our worthy fellow-practitioners have had in view. Hygiene is the code of health; health is maintained by the legitimate gratification of physical and moral requirements. If there exists a friendly science whose precepts conduce efficaciously to the preservation and amelioration of health, by indicating precisely what real wants are to be satisfied, and how they ought to be satisfied, have not the workmen and the master a strong interest in receiving its teachings? In fact,

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1. Vol. 12mo. Victor Masson.
  2. Pamphlet 8vo. Havre.

without health the workman falls into a state of distress, and the master suffers in his interests when the work is performed by hands debilitated by disease, or rendered tremulous by excess. Hygiene is that science. It has general precepts, which should be heard on the banks of the Rhone, as well as at the mouth of the Seine; but local habits, the special character of labour, necessitate particular hygienic prescriptions, according to place, time and profession. Hence the practical utility of the two works before us.

Dr. Lecadre, a physician appointed by government for the observation of epidemics, and for upwards of twenty years attached to the Administration of roads and bridges as physician of the workmen employed on the works of the port of Havre, needed only to call to mind the experience of an active medical career, in order to write his *Observations*. "During all this time," he says, "I have closely followed these workmen. I have accompanied them to their lodgings; I have watched their mode of living; I was present, in some measure, at their labour; when, overtaken by sickness or by accident, they underwent my examination; and frequently I have sought to withdraw them from the pernicious influences which might surround them. I have therefore thought myself qualified to sketch their history." And in fact, Dr. Lecadre has done, with reference to the workmen employed at the port of Havre, what Parent-Duchatelet did for several professions, what has been successfully attempted by Mr. Melier for the operatives employed in the manufacture of tobacco, and Mr. A. Tardieu for brass founders.

The limits of this article do not allow us to reproduce the noble reflections and the ingenious views, which justify the epithet of *social* as applied to these *Observations*. We confine ourselves to a brief notice of the *hygienic* and *medical* parts of Mr. Lecadre's work, which contain information well worthy of attention.

Amongst the affections, arising from the peculiar nature of the work of the Havre labourers, forms of ophthalmia as painful as they were difficult of treatment, were produced by emanations proceeding from water impregnated with irritating hydro-sulphurets. Two men at work in a diving-bell nearly perished from the effects of these mephitic gases. They escaped with conjunctivitis. This form of inflammation appeared on a large scale among the workmen, employed in digging the foundations of a dock-basin, and, as the works were urgent, the superintendent in despair requested Mr. Lecadre to find some means of neutralizing on the spot the effects of the hydro-sulphuric gas. Fifteen gr. of sulphate of zinc dissolved in a glass of water were sufficient to attain this end. The workmen bathed their eyes with this solution, and all of them derived much benefit from this simple remedy.

Upon another occasion, it was required to check the disastrous progress of marsh fever. Mr. Lecadre succeeded in this by ordering a glass of white wine with bark, to be administered every morning.

We will mention further that, at the time when the walls of the King's basin were in course of reconstruction, the works were much hurried and irksome to a degree to the men, who were kept at labour day and



night. They were exhausted by fatigue and consumed with thirst. It was necessary to give them a wholesome beverage, which would invigorate and refresh them. The Administration had thought of mixing water with vinegar, but if this liquid, too often adulterated, was refreshing, it produced on the other hand a debilitating effect upon men already enfeebled by perspiration. Mr. Lecadre substituted for it, with advantage, brandy diluted with water, the *grog* so dear to the inhabitants of tropical regions. Moreover, at the time of going to bed, ablutions of the body with vinegar and water were performed. These precautions were crowned with success, and, notwithstanding the great number of workmen employed, and the excessive hardship of the labour, the sick were remarkably few in number.

It will be understood that the hygienic measures, which thus succeeded at Havre, might be applied with equal advantage in every other port. Everywhere, in fact, the same works have to be executed; everywhere, the same fatigues, the same evils create a similar state of health in the labourers employed upon this kind of work. Mr. Lecadre's *Observations* have not therefore a merely local interest. Physicians and engineers will find in every page some useful advice, which may be applied to the preservation of the health of the numerous working men under their charge.

In the second volume under notice, the author does not address himself to the men whose duty it is to attend to the welfare of the workmen. The *Physical and moral hygiene of workmen* by Mr. Fonteret, is a work written principally for the manufacturing population of Lyons. Mr. Fonteret has a sincere friendship for these people, and he wishes to prove it by enlightening them on their best interests. In order to make known the object and spirit of this work, which has obtained the first prize at the competition of the Medical Society of Lyons, we cannot do better than reproduce a few passages of the report, which has pointed it out as meriting the distinction of which it has been the object.

"Here," said Mr. Diday, "we feel ourselves to be in the presence of an intelligence of a high order. From the commencement, the author, in defining his subject, takes occasion to demonstrate with the simplest and most convincing eloquence a theorem, without doubt novel to certain ears," *that the practice of virtue is the truest hygiene.*" We should deceive ourselves however, if we thought that the general tone of the work is that of a vague exhortation without any precise determination of precepts capable of application. On the contrary, the honourably characteristic trait of the author is to deduce rules of a severely practical character, from considerations, which at first might appear too abstract for the intellectual level of the class to whose attention he appeals. If he advises that the same clothes should be worn summer and winter, it is because the transition from one season to another is made by nature, according to a law of insensible progress, which we cannot imitate, and which it is safer to submit to than to attempt to follow. If he advises his readers to abstain from food when they are under the influence of any strong mental emotion, it is because the mind is too much engaged at such

times to afford the stomach the stimulus indispensable for its regular action. In treating of food, far from confining himself to the easy part of the oratorical moralist, he knows how to divide animal and vegetable nutriment into distinct classes according to their nutritive and digestive properties; he accords even to the most ordinary substances the honour of a special notice, giving the differential diagnosis of the best bread; preferring the continual use of butter, if fresh, to the milky liquid of our cities, which, according to our popular saying, "*makes a man soft at his work*"; not disdaining to give directions upon the boiling of the pot; rightly forbidding pork-butchers' meat to workmen; pastry (at least in immoderate quantities) to children; and assigning to coffee, to wine, beer and tea, their proper place as food and as stimulants for the labouring man.

Severe without timidity, or wisely indulgent when necessary, the author makes in the most attractive manner an appeal to the good sense of the men he wishes to enlighten. But the point on which his qualifications as a popular moralist are displayed with most *éclat*, is the delicate one of sexual intercourse. To libertinism and debauchery, a certain source of degeneracy to the species, he opposes with a judicious appreciation the married state in which the enticements of novelty are absent, and which proves ultimately the best safeguard of the health of the individuals as of the fate of their offspring. On this, his language is serious, worthy of the importance of the subject and of his own high character.

Our readers will doubtless confirm this judgment, when they read the following short extracts from Mr. Fonteret's book. "Intercourse with women, with or without the pale of matrimony, from the solitary fact that it delivers the heart and the imagination to all the allurements of change, causes excesses which tend with certainty to the rapid destruction of our being. The more laborious the work of the operative, the more is that result to be apprehended. If the exhaustion consequent on debauchery is not always a cause of sudden death, it is infallibly attended with the loss of strength necessary to labour, and developes a peculiar aptitude to certain diseases. How many affections of the spinal cord, how many forms of paralysis, of diseases of the chest, what cancers of the womb, arise from vicious indulgence in sexual gratifications! Nor is this all: a life of excess is opposed to the final end of the union of the sexes, which is procreation. The incessant and too copious emissions of the seminal secretion prevent that fluid from attaining its maturity, and destroy its efficacy; and thence the well-attested rarity and constant inferiority of the offspring of unauthorized cohabitation. Concubinage gives birth to few children; and those it does beget are puny, rickety and scrofulous, and are liable to a mortality greater by one half than legitimate children.

But if marriage is an institution eminently favourable to man, and to the individual himself, in certain cases it may prove prejudicial to health. Thus alliances between very young persons sometimes entail disastrous consequences. Those who marry too early do not consider that, not having attained their full growth, they consume in premature indulgence



the powers, which nature destined to achieve their maturity. Independently of the injury they do to themselves in this way, it is evident that they cannot communicate to their children that strength, in which they are themselves deficient, and thus they engender a stunted offspring, sickly creatures without vigour, and incapable of living beyond infancy. It is folly to gather fruit before it is ripe; and it is observed that, after the first transports are passed, the too youthful couples contract a dislike for each other, and hence the well-known series of conjugal troubles. Girls, married too early, bear ill the fatigues of gestation or the pains of child-birth, and are very liable to miscarriages.

On the other hand, late marriages are scarcely more suitable, or less beset with danger than premature alliances. He who abstains from marriage after he has passed the age of fifty is a wise man. With a few rare exceptions, and notwithstanding occasional sudden reminiscences of virility amongst persons of this age, they almost always give birth to weak, ill-complexioned children, exposed to much suffering, and doomed to premature death. Moreover, even if these late offspring were handsome, well made and robust, the father would have the sad prospect of living too short a time to protect their future.

In this chapter upon marriage, Mr. Fonteret treats at length the subject of pregnancy and the cares which infancy requires.

“A wish to lighten the maternal duties of the workman’s wife, obliged as she is to labour often away from her home, has been the origin of the institution of infant-asylums. These establishments are numerous in Paris and in other cities, and are of great advantage. Two only have been opened at Lyons, one in the parish of St-Paul, and another in the parish of St-Bernard. There every morning mothers bring their little children to whom they have just given the breast, before they commence the labours of the day, and in order that they may be more at liberty. They return at least at meal times to suckle them again, and in the evening to take them away for the night. In their absence, devoted nuns bestow all necessary attention on these interesting nurslings.”

Mr. Fonteret, with just reason expresses a wish for the further extension of institutions, destined to realize the immense benefit of the combination of maternal duties with the necessities of labour. A strange nurse very imperfectly supplies the place of a mother, although the milk of the former is decidedly preferable to spoon-food, and in many cases is a great boon to the infant. In fact, does not daily experience show us that, even with the most constant and the closest care, children brought up by hand die at the ratio of ten out of twelve, or eighty per cent; while the mortality amongst children who take the breast is scarcely thirty-five per cent. We therefore participate in Mr. Fonteret’s opinion when he declares that, with a few rare exceptions, artificial lactation is almost equivalent to *murder*, and ought consequently to be absolutely rejected.

It would have afforded us gratification to reproduce the sympathetic and judicious advice which our author gives to the sick workman. He



details the hygienic management of illness, in reference to air, heat, light and dampness; he urges the necessity of attending to the condition of the patients' sheets and bedding, and describes the kind of nutriment which will agree, and that which might be fatal to him. He cautions the sick man and his family against books of *domestic medicine* as well as against quacks, bone-setters, charmers, mesmerists, and pretenders to secret cures. But enough has been said for the appreciation of the work before us. Properly speaking, it is neither a treatise nor a manual of hygiene, but it is a work the matter of which is good, and in which ideas the best calculated to improve the moral and sanitary state of a large manufacturing population are expounded with ability, and in a constantly attractive form.

## ART. 5633.

## MISCELLANEA.

We have promised our readers to publish the result of the experiments made at the Hospital de la Charité by Mr. Vries upon cases of confirmed cancer. In consequence of a circumstance referred to in the document, which we republish below, Mr. Velpeau has considered himself justified in anticipating the time appointed for the appreciation of Mr. Vries's *antidote*, a delusive one annihilated by chemical analysis, and which, for the future, can only inspire confidence in the minds of these eternal Beotians, whose credulity is incurable as cancer.

At the sitting of the Academy of Medicine of the 29th March, Mr. Velpeau expressed himself in these terms on the experiments made by Mr. Vries in his wards, and in those of Mr. Manec :

" You have all heard of a certain black doctor, the possessor of an antidote for cancer, who was said to have already cured a great number of patients, and one in particular, whose case has excited great attention. At a certain stage, and under certain forms, cancers are now of a diagnosis as simple as that of advanced phthisis. Their incurability, by the usual resources of therapeutic, is also uncontested.

" Consequently, a dozen well-authenticated cases of cancer were offered by me to Mr. Vries, who undertook to cure them without any operation by means of his remedy. Mr. Manec, my colleague at La Charité, to whom I mentioned it, united with me and allowed several patients affected with cancer in his wards to be experimented upon. In the presence of us both and of a great number of practitioners of every age, and of students the new treatment was pursued. Every precaution was taken in order that the result might be conclusive. When once the diagnosis was esta-

blished, and the patients accepted, we left Mr. Vries master of the prescriptions. Orders were given to the nurses, to the servants and even to the dressers, to obey his directions, and not to interfere with him in anything whatever. I further took care (and the precaution was not unnecessary) to insist, on several occasions in the lecture-room, that everyone should maintain his gravity in presence of Mr. Vries, and that all appearance of derision should be avoided in the wards.

“The experiments were commenced on the 27th January and continued uninterruptedly up to the present time. The following is the report and the detailed observations signed by Mr. Manec, by Mr. Vries and by myself, from the commencement.

“Absolutely nothing has occurred to justify Mr. Vries’s statement.

“Cancer has not been cured in any one of our sixteen patients. One female patient, No. 24, died in ten days. In the other patients, the disease pursued its ordinary course. Their sufferings have been sometimes more and sometimes less acute. Thus, as it often happens, sarcomatous patches or fragments have sometimes detached themselves from the principal masses; but the tumours have never ceased to grow and to multiply. In short, after two months’ treatment these poor cancerous patients are all exactly in the same state as if they had never been treated at all.”

“It is justiceto add that Mr. Vries asked at the outset for several months, and that he has since said that he required four or six months before renouncing his convictions; moreover, he accepts under reserve the Nos. 23, 24, 55 and 26; as I on my side reserved Nos. 28, 30 and 32. It is true again that we had agreed to say nothing of the experiments before their conclusion. But on the one hand, in making known the state of the question now, we can still continue to leave Mr. Vries free to continue his experiments in our wards; and on the other hand, Mr. Vries or his friends made so early use of what passed at the Hospital in the extra-medical press, and that to the detriment of truth, that I have long felt released from all engagement towards them.

“And of what use is it to temporize any longer? As respects Dr. Manec and myself, the question is decided. We have long known that Mr. Vries is either mistaken, or that he deceives the public when he pretends to have discovered an antidote to cancer. This very morning, the 27th March, in presence of Mr. Davenne, director of Public Assistance, of Mr. Roger, director of the Hospital, of the house-surgeons and of a great number of medical practitioners, Dr. Manec and I communicated to him the report of the state of the patients, and he admitted the accuracy of the facts; he acknowledged the truth of everything contained in the present record; he then, without assigning any reason, refused to sign this last report of the proceedings, although he had unhesitatingly signed the first. As he persists in maintaining that he will cure the patients if

he is allowed the six months required, I asked him the following question : " If, at the end of the six months, the patients are not cured, will you at least confess that you are mistaken and that you possess no specific for cancer ? " — " No," answered he, " if no cure patients in hospital, me cure cancers in private practice." It is therefore evident that six months hence we shall be no forwarder than now, and that this man merely wishes to gain time for the advantage of his speculation. Now, this is a comedy or a mystification, to which our dignity as a man and a physician will not allow us to lend ourselves any longer.

" We therefore now publicly declare the truth before the Academy, viz. :

" 1. The antidote to cancer is not yet discovered, and unhappily no illusion is possible on this subject ;

" 2. Mr. Vries has cured none of the cancers treated by him under our inspection ;

" 3. All the cancerous patients in our wards are worse, so much so that many of them are at the point of death ;

" 4. Mr. Vries has never cured a single case of cancer.

" The remedies prescribed by Mr. Vries, insignificant and without any action on the system, are almost inert substances, which are found everywhere and in all druggists' shops ; they do not come from tropical regions, and they owe nothing to the Indian flora. The analyses made by Messrs. Mialhe, Robin, Ossian Henri and Regnaud afford unquestionable proof of this assertion.

" A word of explanation now on my intervention in this affair, more worthy, I am ashamed to say, of the shafts of ridicule, or of the interference of the police than of a serious scientific examination. If I had known that experiments similar to mine had been instituted with a negative result by the same individual at the Cancer Hospital in London, that the same had occurred in the wards of Dr. Bazin, at the Hospital of Saint-Louis ; if I had been acquainted with Mr. Vries's mystical lucubrations on the famous marble temple in the Champs-Élysées, I should not certainly have taken the trouble to examine the pretensions and the assertions of an intellect of this stamp ; but, lacking this information and believing in a great measure in the good faith of the individuals concerned, I had the liberality to listen to them and to supply them with a field for honourable research.

" My conviction is now absolute :

" Because Mr. Vries has not cured any of the cases of cancer which have been entrusted to him in London, at the Hospital Saint-Louis, or at the Hospital of La Charité, or elsewhere in Paris, and his treatment has never checked the progress of the disease in the slightest degree ;

" Because the composition of the remedy, which, if it were a specific, would always be the same, varies frequently in the inventor's hand. In the Indies, it was a plant applied to the tumours in the shape of a poultice ;



in England, it was aloes or iodine; in Paris, it is a harmless vegetable powder with nitre or alum in pills, and arrow-root and sugar, or sugar, or camphor in powders, etc.

“Such are the motives,” said Mr. Velpeau in conclusion, “which induced me to act as I have stated, and on which I base my assertion that Mr. Vries has not discovered any specific for cancer, has never cured any real cancers, and never will cure any by the treatment he employs. Such is the strict, the sad truth, unfortunately, for the existence of such an antidote would be the most desirable boon in the world, and he who should bestow such a benefaction, of whatever colour he might be, would be entitled to the gratitude of mankind.

“My duty is fulfilled. The public is now cautioned; if they continue to be duped and allow themselves to be imposed on, such may be their pleasure: that is not under our control; it is the business of those whose mission it is to watch over the application of the laws, and the respect of morality and of public probity.”

After this statement had been read, the Academy, on the motion of Messrs. Michel Lévy and Trébuchet, *unanimously* voted that Mr. Velpeau's report should be forwarded to the proper authorities.

Will the unreflecting enthusiasm of the public vanish after so plain and so straight-forward a declaration? It may be doubted. Mr. Vries already plays the victim, and his numerous adepts repeat after him that the *Black Doctor* has not been allowed sufficient time to cure his patients. To this reproach, which is perhaps justified by imprudent promises, we shall oppose the following passages from a letter addressed to a Paris newspaper by Mr. Giraldès:

The following is further information, bearing date the 5th March, upon this alleged doctor, with which I have been supplied by Mr. Weeden Cooke, surgeon to the Cancer Hospital in London:

“It was in the month of December 1851 that Mr. Vries came for the first time to the Cancer Hospital, representing himself as being known to Lord Harris, late Governor of Trinidad, an island of the West Indies.

“A few days after his visit, I learned from his lordship that he had in fact practised in that island, without a diploma, representing himself as being in possession of a specific for the cure of leprosy and elephantiasis; he had been permitted to try his specific under the superintendence of the medical authorities.

“It was in the month of December 1857 that, at the Cancer Hospital, London, six patients suffering from cancer of the breast were placed at his disposal to be treated by him under our superintendence.

“I assert that not one of these six patients was cured, *although Mr. Vries took what time he pleased*; three or four months afterwards, he disappeared, not having obtained any of the results he had promised.

“ The medicines he employed internally were tincture of aloes (*yucca*), iodine pills and a few white powders; externally, pressure, camphor and starch.”

In a second letter, dated 10th March, Mr. Weeden Cooke again confirms what has just been said of the patients entrusted to Mr. Vries.

We shall not expatiate on the sayings and doings of this individual, whom the good sense of the English left in his merited obscurity. In France, we are enthusiasts, and with us imagination and sentiment speak louder than reason.

— The chair of HISTORY OF MEDICINE at the Faculty of Medicine at Paris, has been reestablished upon the recommendation of a great majority of the Faculty, which was consulted on the subject by the Minister of Public Instruction. The creation of chairs for special branches of medicine is not for the present *contemplated*.

— A few days ago, Mr. Sturne, *officier de santé* at Blendecques, was called in to attend a girl, sixteen years of age, who was attacked with croupal angina. Confirmed asphyxia was present, death was imminent; Mr. Sturne performed tracheotomy, but not having any canula at his disposal, he supplied its place by the fragment of an India rubber catheter, which became rapidly obstructed. To clear the tube, Mr. Sturne applied his mouth to the orifice of the sound, and he aspirated forcibly the mucus, which interfered with the passage of air into the bronchi. Our unfortunate fellow-practitioner had no sooner returned home than he felt the effects of the diphtheritic inoculation, and two days later he perished a victim to his devotion.

Mr. Sturne leaves a widow and two infant children, whose unhappy condition inspires all with the warmest sympathy, and has awakened the active solicitude of the authorities.

— The English journals announce that Alexander Monro, emeritus professor of anatomy at the University of Edinburgh, died on the 10th March, at the advanced age of eighty-six. Monro was the chief of that learned school, to which science is indebted for Professors Alison, Trail, Christison, Syme, Simpson, Liston, Miller, Edward Forbes, etc., and Drs. Abercromby, Hope, Holland, Bright, Marshall Hall, Sir Humphry Davy and several other eminent men whose reputation is universal.

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For all the articles not signed :

H. CHAILLOU.

*Chief-editor.*

## ART. 5634.

*Muscular sounds explaining the prodigies performed by the spirit-rappers. — Academy of Medicine. Discussion on the hypertrophic elongation of the cervix uteri. — Introduction of medicines into milk by digestive assimilation.*

Mr. Jobert, de Lamballe, communicated to the Academy of Sciences a paper, which forcibly calls to mind Mr. Schiff's curious and patient investigations relative to the real seat of the mysterious sounds ascribed to spirit-rappers.

North America is, as is well known, the country for which these spirits betray the greatest partiality. The press spreads abroad their exploits; but they have encountered a serious and sagacious adversary in the person of Mr. Schiff. Repelling all idea of supernatural intervention and remarking that the marvellous strange noises were always heard at the foot of the bed of individuals agitated by the spirits, the ingenious German physiologist first inquired whether the seat of these noises might not more rationally be sought for within than without their person. His anatomical knowledge suggested the idea that the sounds alluded to might arise in the leg, in the peroneal region where a bony surface, tendons and a common groove are to be found. He then instituted upon himself a series of experiments, which precluded all doubt from his mind of the sound having its seat behind the external malleolus and in the groove of the tendons of the peroneal muscles. Mr. Schiff was soon enabled to produce voluntary, regular, harmonious sounds, and, in the presence of a great number of persons (about fifty), to imitate the prodigies of the spirit-rappers with his shoes on or off, in an erect or a recumbent position. During the progress of the experiment, a spectator, placing his hand on the malleolus, felt distinctly the forward and backward motion of the tendon. In Mr. Schiff's opinion, the tendon, which produced these incredible results, is that of the peroneus longus.

A recent circumstance has permitted Mr. Jobert, de



Lamballe, to study anew the conditions peculiar to the production of these sounds.

A strong girl of fourteen years of age, of vigorous constitution, had, for six years and without any apparent cause, suffered from involuntary regular motion of the right peroneus brevis. When this interesting patient came under Mr. Jobert's observation, the eminent professor remarked the following peculiarities :

On a level with the right external malleolus, towards the posterior edge of that prominence, a regular throbbing attended with a transient swelling and rising of the soft parts of this region, was distinctly perceptible and was followed by a sharp sound after each muscular contraction. This sound was heard in the bed, out of the bed and at some distance from the place where the girl was lying ; it was remarkable for its regularity and its sharpness ; it accompanied her everywhere. When the ear was applied to the leg, foot or malleolus, an unpleasant concussion was communicated, extending to the whole length of the course of the muscle, precisely like a blow transmitted from one end of a beam to the other. The sound sometimes resembled rubbing or scratching, especially when the contractions were less intense. These same phenomena always presented themselves, whether the patient was standing, seated or lying down, at any hour of the day or night, at which Mr. Jobert examined her. In studying the mechanism of the throbbing, and decomposing, as it were, each beat into two periods, it was found that, in the first, the tendon of the peroneus brevis escaped from the groove, necessarily raising the peroneus longus and the skin ; and, in the second period, that the phenomenon of contraction being concluded, the tendon slackened, returned to the groove and, striking against the latter, produced the sharp and resonant sound in question. It was renewed almost every second, and, on each occasion, the little toe vibrated, and the skin, which covers the fifth metatarsal bone, was raised by the tendon. The sound ceased when the foot was forcibly extended ; it also disappeared when pressure was exercised on the peroneal muscles or on their sheath.

This regular contraction, followed by a noise equally regular, could proceed from naught but a functional dis-

turbance in the muscle and its nerves. Mr. Jobert did not think that an anomaly of the sheath could be adduced as an explanation of the fact. In his opinion, the contraction of the muscle, the displacement of the tendon and its return into the groove sufficiently account for the sounds. Mr. Jobert concluded the history of this patient by a few considerations on the treatment he had instituted. Leeching, counter-irritation, mineral waters, pressure having proved unavailing, the celebrated surgeon incised transversely, by the subcutaneous method, the body of the peroneus brevis, and placed the limb in a state of immobility by means of an appropriate bandage. Union eventually took place and the patient recovered the functions of the leg without preserving any traces of this singular and rare affection.

Messrs. Velpeau and Cloquet requested permission to add a few words to their colleague's communication. These learned gentlemen related several cases tending to prove that these sounds may be heard in many regions. Mr. Velpeau had seen a lady, who, by certain rotatory movements of the thigh, produced a kind of music, distinct enough to be heard from one side of a drawing-room to the other. Mr. Cloquet mentioned a young girl of eighteen, who was presented to him at the Hospital Saint-Louis, when Messrs. Velpeau and Jobert were attached to the same establishment. Her father, a kind of mountebank, who styled himself *father of a phenomenon*, intended to turn this child to account by a public exhibition of her peculiarities; he stated that his daughter had a clock movement in her stomach. The girl was perfectly well constituted. By a slight rotatory motion in the lumbar region of the spine, she produced loud creaking sounds, more or less regular, according to the rhythm of the slight movements she imparted to the lower part of her trunk. These abnormal sounds were very distinctly audible at a distance of more than twenty-five feet, and resembled the grating of an old turnspit; they were interrupted at the girl's will and appeared to be generated in the muscles of the lumbo-dorsal region of the vertebral column.

Mr. Jobert admitted with Messrs. Velpeau and Cloquet that abnormal sounds may be heard at the hip, shoulder,

arm, etc.; but, in his opinion, a great difference exists between these sounds and those he had described, and which present a regularity proportionate to the involuntary contraction of the muscle, the relaxation of the tendon and its percussion in the osseous groove. Thus, certain anatomical dispositions are requisite for the effects in question to be produced, and, in the human body, no mechanism is so well adapted to the purpose as the common sheath of the peroneal tendons and the peroneal groove in which they glide.

These anatomical relations are so favourable to the production of involuntary and voluntary sounds, that persons, by continued exercise, have been able to perform the *Marseillaise Hymn*, the *Bavarian March*, the *French March* with perfect regularity and by the sole agency of the peroneal muscles. In no other region of the body were thus ever produced sounds so singular, and which, well studied, afford the rational explanation of phenomena hitherto misunderstood or ascribed to occult or supernatural causes.

—The important paper Mr. Huguier read to the Academy, on the hypertrophic elongation of the cervix uteri, gave rise to a discussion, which is just concluded. The paradoxical character of this memoir appeared calculated to occasion numerous contradictions; but nothing of this kind occurred, and the debate was reduced to the proportions of an oratorical duel between Mr. Depaul and the bold surgeon of Hospital Beaujon.

In fact, what did Mr. Huguier attempt to prove? That, for two thousand years, surgery has been mistaken in the diagnosis of an affection, the appreciation of which appears to be of the simplest nature. What, since Aristotle and Hippocrates, we have called prolapsus of the womb, is, according to Mr. Huguier, in a considerable number of cases, but a hypertrophic elongation of the cervix uteri. Mr. Huguier's assertion was naturally received with astonishment and doubt; but, setting aside what may be exaggerated in this proposition, it is not the less eminently deserving of attentive investigation; for, if it do not cause a revolution in the pathology of the uterus, it will



at least produce the result of ensuring much more careful and minute examination of what was once accepted, on the faith of authors, as an acknowledged disease. It was long thought that every vulvar protrusion of the deep-seated organs was a prolapsus. But, by studying the tumours of different natures and origin, which are susceptible of extending beyond the vulva and of protruding externally, it has been ascertained that prolapsus of the uterus is a disease relatively very rare (1). Now Mr. Huguier has just carried the question a step further. This surgeon, in fact, admits in the first place all the tumours, the existence of which has been demonstrated; he then more especially attaches himself to prolapsus, which he studies with extreme care in books and in the dissection-room, and all his efforts supply him with very few indisputable examples of the lesion in question. But his researches have led him to the discovery of something different from this prolapsus. He has ascertained that, in cases of tumours regarded by the most experienced men as falling of the womb, the body of the organ has remained in its place or very nearly so, but that one of the two segments, which compose the cervix (a segment situate above and another below the vagina), is lengthened, amplified, and that 99 times out of every 100. Morbid anatomists are well acquainted with this fact; but they considered it an exception, and thence as practically unimportant. Mr. Huguier, as Mr. Verneuil, has judiciously remarked in the *Gazette hebdomadaire*, now reverses the proposition and makes the rule of the exception, and also logically changes its therapeutical indications. Such is evidently the essential signification, the novel aspect revealed by Mr. Huguier's investigations.

This paper presents two distinct questions to critical examination: that of the anatomical forms and their relative frequency, and that of therapeutics. Mr. Depaul so understood it in his argumentation, which he divided into two parts. On the first point, the learned academician denied that eminent physicians have ever interpreted the appearance of the os tinæ at the vulva as a lowering of the

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(1) Malgaigne, *Journal de Chirurgie*.

entire body of the uterus. On this subject, he approached the question of diagnosis, which, according to Mr. Huguier, would be difficult and would require, in a great number of cases, the use of the hysterometer or uterine sound. Mr. Depaul thinks that, by means of examination per anum et vaginam, of palpation and of the introduction of a catheter into the bladder, the hypertrophic lengthening of the cervix uteri may be perfectly well ascertained and distinguished from prolapsus of the body of the organ. We are not sufficiently convinced of the innocuity of the uterine sound to express any opinion on its use. The hysterometer may, as Mr. Huguier asserts, travel all over the medical world, but for the present we must be allowed to participate in Mr. Depaul's reserve in reference to an instrument, the abuse of which appears to us formidable. Setting aside the point relative to the exploration of the womb, Mr. Depaul has not, in our estimation, diminished the importance of his colleague's labours. He has not proved that what Mr. Huguier asserts to be frequent is rare, and that the precipitation of the uterus, which he considers rare, is of frequent recurrence. Mr. Depaul even acknowledged that cases of complete prolapsus are so isolated that five or six, more or less authentic, can scarcely be adduced.

Mr. Depaul concluded his argumentation by criticizing Mr. Huguier's operation, which he compared with the amputation of the cervix performed by Lisfranc. Mr. Huguier, in his reply, intimated that it is not indifferent, with regard to the consequences or the gravity of the operation, to amputate a healthy cervix placed at the vulvar orifice or a cancerous one that must be sought for with great difficulty at the bottom of the vagina and secured with numerous hooks. If, however, death occurred, some months after excision, in two of Mr. Huguier's patients, it was, in the opinion of this surgeon, the result of disturbances unconnected with the operation itself. We will not attempt to contest the fact, and we will, in this respect, exonerate from all reproach the surgeon of Beaujon. But is it an adequate reason for admitting his surgical therapeutics? We cannot think so. Mr. Huguier's learned and conscientious investigations will have thrown much light on a point, hitherto but

little known, of the pathology of the womb. Its effect will be to save many women the fruitless and unpleasant use of bands and pessaries. But, unless in cases of exceptional and excessive hypertrophy, such as that observed in one or two instances recorded in this Journal, we are reluctant to admit the necessity of an amputation for a pathological state, the consequences of which do not sufficiently justify the adoption of extreme measures.

—The Academy, which recently showed itself justly severe towards a shameless quack, indulged in the rare gratification, in one of its recent meetings, of granting unqualified and well-deserved praise to the useful and laborious investigations of Dr. Labourdette, on the production of medicated milks.

Since clinical experience has proved the advantages of the treatment of children at the breast through the medium of the nurse's milk, the question has been mooted whether it might not be possible to extend this medication, to utilize animals for this purpose, and to find means of conveying to them, without injury, food containing the most active and most approved medical substances. This problem has been solved by Dr. Labourdette. It would be impossible to enumerate the difficulties of all kinds, which the indefatigable experimentalist has encountered, the immense sacrifices he must have imposed on himself to obtain the results announced to the Academy. We shall lay before our readers a few passages of Mr. Bouley's able report.

Mr. Labourdette instituted his experiments near Rouen, in one of the healthiest situations, in one of the finest pasturages of Normandy, where he had the gratification of seeing all his previsions, all his most sanguine hopes realized.

“I was desirous,” says Mr. Bouley, “of ascertaining in person and on the spot the facts I was commissioned to appreciate, and I deem it a duty of strict justice to declare that all the praise I could bestow on our colleague would appear below the merit of his courageous and onerous perseverance, and of the magnificent result which he has obtained. I caused the medicinal milk to be drawn from the cow in my presence, and it appeared to me in no



respect to differ from other milks, except, indeed, by its excellent quality and its exquisite taste. I brought to Paris four bottles, two of iodized, two of arsenical milk; one of each kind was taken in coffee, and the coffee with milk was considered perfect; the two other bottles were analyzed by Messrs. Chatin and Chevallier; in one, Mr. Chatin detected the presence of iodine in important proportions; from the other, Mr. Chevallier extracted arsenical rings, a sample of which I now lay before the Academy. The problem propounded by Bielt and Lebreton is now therefore completely solved, and if, as our eminent colleague Mr. Trousseau thinks with those two physicians, the solution of this problem constitutes a great therapeutic progress, this progress is now attained, and we are indebted for it to the untiring perseverance of Dr. Labourdette."

After having alluded to the prejudicial influence of stabling on the health of the animals, and the consequent necessity of instituting experiments of this description in the country only, so as to combine with a state of liberty the salutary action of good regimen, Mr. Bouley described the mode of gradually training the cattle to the use of medicated food :

" Medicines in large doses are exhibited to cows by the following contrivance :

" A bolus is composed of fresh roots, bran, the whites of eggs, a little brown sugar and  $3\frac{1}{4}$  oz. chloride of sodium, in which is mixed up from 8 gr. to about one dr. of the medicine.

" 8 gr. are the maximum for iodide of potassium or for an active mercurial salt. If the animal refuses to take this bolus, the dose should be reduced by one half and gradually increased, first every week, afterwards every three or four days, and finally every day, until it reaches 5 dr. in the case of iodide of potassium; 3 scr. for proto-chloride of mercury; of 15 gr. for the bichloride, and of 1 to 2 dr. for Fowler's arsenical solution; this dose is however seldom attained without the animals experiencing either local symptoms or even displaying a combination of alarming phenomena. Among the most frequent and serious symptoms are diarrhœa with fetid evacuations, loss of appetite, a jaundiced appearance of the sclerotica, a swell-

ing of the veins of the abdomen, etc. We have reserved for the last the albuminous state of the urine, a constant symptom, the first to appear and the last to cease, and which seems to us eminently deserving of the attention of physiologists and physicians.

“ When these phenomena are of moderate intensity, they disturb but little general health; when, however, they assume a certain development, they are soon attended with a burning thirst, decided feverishness with absolute loss of appetite, and the death of the animal may shortly be expected to ensue. The least untoward circumstance produced is, in this case, the definitive suppression of the secretion of milk.

“ The remedy lies, in the first place, in the cessation of the exhibition of the bolus; the animal must then take repeated aperients, and, in case of violent diarrhoea, tris-nitrate of bismuth and extract of opium. If these various measures are insufficient, from ten to twelve whites of eggs are administered. During the treatment, the diet must exclusively consist of herbs and fresh roots; the animal must be taken out to graze every day, and not be allowed to drink more than  $6\frac{1}{2}$  to 7 gallons of water. The administration of the medicine must not be resumed until the last trace of albumen has disappeared from the urine.

“ By the aid of this medication, Mr. Labourdette constantly succeeds in conquering both the aversion of the animals for the medicines and the more or less serious symptoms of poisoning consequent on their ingestion.”

Although the reporter's very favourable resolutions were unanimously adopted by the Academy, Mr. Boudet, at the following meeting, offered a few remarks on medicated milks. He admitted that it was at the price of long, persevering and costly sacrifices that Mr. Labourdette had succeeded in obtaining milk containing traces of iodine, of mercury, of arsenic; the learned Academician had still to learn in what state these agents are found in the milk, in what proportions and whether they are in the state of iodides, chlorides, arsenites, arseniates, or of iodine, mercury or arsenic in combination with organic matter, and in what shape. In Mr. Boudet's opinion, it would be es-

essential to know whether the iodine, for instance, detected in the milk of animals subjected to the training indicated, is in a state of iodide of potassium dissolved in the serum, or in organic combination with the fatty substance or with the albuminoid matter; for, if it were shown that it forms part of the organic molecule, that circumstance might induce the belief of a special action of the iodine in this new form, while, in the contrary case, we should not expect to find in milk, iodized by digestive assimilation, other properties than those which are presented by iodides, bromides in very diluted solutions, as they are in mineral waters. The basis of this argumentation is that the indirect medication, to which Mr. Labourdette's investigations lead, has the disadvantage of not allowing the practitioner to see clearly what he does, to know and modify the dose of the medicine he prescribes, a dose which, in the method proposed, must, in Mr. Boudet's opinion, be insufficient.

To this last reproach, Dr. Trousseau replied that the virtue of a medicine does not merely lie in the dose in which it is given, but in its dynamic action. What, however, proves better than all theories the value of the indirect medication, according to the eminent professor, is that syphilis in a nursling, as he has observed in numerous instances, is perfectly cured by treatment of the nurse.

Messrs. Piorry, Chatin and Bouchardat added some remarks to those of Mr. Boudet. But it will be readily understood that all discussion here was premature and could lead to no result. To judge of the new method, we must see how it works; and now Mr. Labourdette has succeeded in producing milk obviously containing medicinal principles, it is for medical practitioners to experiment its use and test its value.

H. CHAILLOU.

#### ART. 5635.

### HOSPITAL SAINTE-EUGENIE

(Dr. Bouchut's clinical conferences.)

*Application of metallic plates in painful muscular contraction and in chorea.*

It is a well known popular prejudice that distressing



cramps may be relieved by the contact of a saucepan, a pair of tongs, a horse-shoe, in short of some metallic substance varying in nature and in shape in the different parts of the country. This is of course genuine empiricism, it is an old woman's remedy, an absurdity which awakens a smile, and yet, in this nonsensical practice lurks an idea, the methodical application of which has already yielded the most interesting results.

In a late number (March), we described Dr. Burq's method of *metallo-therapia*. Reverting to the numerous memoirs laid before the Academies by this ingenious practitioner, on the physiological and therapeutic action of metallic plates, we find that, so far back as 1849, Dr. Burq, during the epidemic of cholera, resorted with constant success for cramp, to the application of brass rings to the affected muscles (1). This curious fact has, however, been

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(1) "The first case of cholera which was admitted into hospital Cochinchin," says Mr. Burq, "was a vigorous man, who, on the morning of the seizure, was as well as usual. He was received into Mr. Nonat's wards, towards 3 o'clock P. M., and already presented in the highest degree the undoubted symptoms of Asiatic cholera, cyanosis, refrigeration of the extremities, characteristic evacuations, and *violent cramps in the legs*. The same evening, towards seven o'clock, the hot airbaths, and various embrocations having produced no relief, a brass ring was applied to each leg, on a level with the contracted muscles, and the cramps immediately ceased. The patient enjoyed the most satisfactory repose for half an hour when we removed the rings, but the nervous symptoms returned after so short an interval, that the metal was replaced at the man's urgent request, and scarcely had it been complied with, when he ceased to complain.

"Somewhat later, in the course of the night, very violent cramps appeared in the arms. The sufferer, enlightened by the experiment of the morning, seized one of rings, and as its form precluded its application to each part, he for several hours drove away the cramps wherever they occurred. The brass never once failed in removing them, and it was a remarkable fact that the operation being almost entirely performed with the right hand, the right arm was affected with cramps when from fatigue the patient was obliged to use the left hand. The following morning, he was quite free from pain, and his symptoms being to a certain extent alleviated, he was loud in the praise of the beneficial application of our metallic plates.

"On the same day, I caused a large number of brass rings to be constructed, and not only did I apply them myself at the same hospital Cochinchin, throughout the entire course of the epidemic, but night and day I

allowed to fall into oblivion, and we scarcely know any one besides Mr. Bouchut, who, after ascertaining its accuracy, has endeavoured to avail himself of the results attained by Mr. Burq.

We shall, in another part of the present article, describe how Mr. Bouchut applies metallo-therapia in the treatment of chorea, in a mode peculiar to himself. We are, however, desirous of pointing out previously some cases of painful muscular contraction in which the pain and spasmodic action were speedily removed by the agency of plates of copper.

On the 7th of April last, a little girl, aged three years, was admitted into hospital by Mr. Bouchut for contortion of the limbs, which had lasted twenty-four hours. The fingers and toes were contracted, red, swollen, painful,

visited the larger hospitals, Val-de-Grâce, Hôtel-Dieu and la Salpêtrière, where hundreds of cases had been admitted, for the purpose of instructing the attendants in the use of this remedy.

"Everywhere the metallic armatures, moistened when they were unsuccessful in a dry state, were found so serviceable that my respected and excellent master, Mr. Nonat, invariably entrusted to me the task of relieving his patients from the cramps, during the entire epidemic of 1849. Drs. Masselot and Krug, military surgeons of the Val-de-Grâce, published cases observed in Professor Michel Lévy's wards, in which the results were precisely similar to those obtained in our first case, at the Hospital Cochin.

"At nearly the same period, two of my colleagues, Drs. Durand and Defaucomberge, were sent on a mission to the Department of Seine-et-Marne, and, in their report to Mr. Dumas, then Minister of Commerce, stated that at Beisles, at Nogent and elsewhere our metallic armatures had become so popular from their success that, as soon as a case of cholera broke out in a family, the inhabitants, almost all of whom were cutlers, manufactured them *ex tempore*, with strips of melchior, and applied them without awaiting the arrival of medical aid.

"Later, Professor Rostan recommended the method as follows, in his clinical lectures on cholera (*Gazette des Hôpitaux*, November 8, 1849) :

"...The attention of practitioners has been chiefly attracted to the cerebral phenomena; it is for these that the greater number of remedies have been imagined, opium and its preparations, both inwardly and outwardly, belladonna, sulphuric ether, chloroform, camphor, musk, etc.; but a special remedy, which we must not omit mentioning, is one supplied by physical science and recommended by Mr. Burq for cramps, precordial pain, suffocation, anguish; it consists in the application around the limbs and the body of metallic plates, a method you have seen us use in our wards, and almost invariably with success."

and so exquisitely tender that the least contact occasioned excessive suffering. Mr. Bouchut applied circularly to the arms, fore-arms, feet and legs nine bands of brass, 10 or 12 lines in width, secured by strings fixed in holes pierced at the end of each metallic plate. During the following night, the child was quiet and her sleep uninterrupted. In the morning, the hyperæsthesia was found to have much decreased, the armatures were not removed, and the skin became insensible to contact. Moreover, the contraction disappeared and the extremities became as flexible as in health.

The child was cutting teeth at the time, and perhaps the spasmodic state of the muscles was connected with this fact. A trifling circumstance, indeed, may occasion these nervous disturbances, the cause of which is vainly sought for in the nervous centres. Like all other forms of neurosis, the disease under consideration has an obscure origin. We do not of course allude to the contraction resulting from cerebral inflammation; we merely refer to that which is manifestly dynamic, essential and nervous. This disease in children often coincides with the presence of lumbrics in the intestines, and is more frequently attended with diarrhœa than with the opposite condition.

During the month of February, a little girl, aged two years, was admitted into Mr. Bouchut's wards for painful contortion of the arms and legs. The fingers were bent, the hand was contracted upon the fore-arm which was flexed upon the arm, and the lower extremity was in a similar state, considerable pain being present at the same time. The bowels were relaxed, and ova of lumbrici were detected by the microscope in the excrement. 2 gr. of santonine were accordingly prescribed and occasioned the expulsion of two worms; on the following day, the medicine was repeated, and three worms were passed. No other lumbrics escaped, and, on the morrow, the diarrhœa and distortion of the limbs had disappeared.

In some instances, however, children affected with diarrhœa and muscular contraction pass worms, anthelmintics are exhibited, and yet, in spite of this rational course of treatment, the symptoms persist. This was observed in a little girl two or three years old, who was admitted into



hospital in the month of March. Three weeks before her admission into the wards, the child, in consequence of a fall, suffered from distortion of the lower extremities; the toes contracted painfully with periodical exacerbations and intervals of comparative repose, a characteristic feature of the disease. One hand became affected in the same manner, and soon afterwards the other hand, and altogether the condition of the poor child was most distressing. Santonine was exhibited without any benefit, and Mr. Bouchut resorted to the application of brass rings to the forearms, wrists, legs and feet. On the following day, not only had the pain and contraction disappeared, but it was remarked with surprise that the diarrhoea had also entirely ceased. This was doubtless due to the fact that diarrhoea is frequently but a nervous symptom; in many circumstances, indeed, we find it resulting merely from mental emotion. We are therefore doubtless authorized to admit that, in the present instance, spasmodic action existed in the intestines as well as in the muscles of the extremities, coupled with an increase of the natural amount of secretion, and that both spasms yielded to the beneficial agency of the metal. In this case, the influence of the armatures upon the convulsive phenomena was most distinctly marked, and it was equally manifest upon the irritability of the skin. The child, before the application of the metallic bands, screamed dreadfully whenever she was touched; and twenty-four hours after the rings had been placed, the irritability and screams ceased, anæsthesia having replaced hyperæsthesia.

When spasmodic contraction has lasted some time, the brass plates relieve the pain, but do not remove the rigidity of the muscles. The muscular fibres interfered with in their action, undergo a fatty change, become pale and colourless, lose their transverse markings, and retraction takes the place of contraction. Under these circumstances, the armatures are still beneficial, in alleviating pain, but they are powerless to restore the muscle to its original structure and length. If the disease occupied the leg, *pes equinus* is the consequence of shortening of the *gastro-cnemius*, and the surgeon must have recourse to Bonnet's method, which consists in straightening the foot

by appropriate manipulations, under the influence of chloroform.

Hence painful contraction, or muscular spasmodic action of recent date, accompanied by excessive irritability of the parts, are advantageously modified by the use of metallic armatures. We will now inquire into the effects of the latter in chorea.

Mr. Bouchut, having witnessed the successful application of Mr. Burq's method, was first induced, in the course of 1858, to test its influence in chorea. During that year, he cured two cases of that disease, the first in twenty-four hours, the other in three days. In two other instances, he failed altogether, and in a fifth patient the symptoms were aggravated. He has further noted two examples of partial cure, which yielded in the end to the internal use of copper filings. In 1859, Mr. Bouchut failed once, effected one complete cure in three days, another in a week, and, in a third case, great improvement, followed by an almost complete cure, was obtained in eight days.

The second of the patients observed in the course of the present year had been suffering, for three weeks, from violent and general chorea. She could not work, she broke whatever she laid her hands on, and occasionally bit her tongue. At the same time, common sensation was much altered and excessive hyperæsthesia was present. Five brass bands were applied and secured to the limbs, considerable improvement occurring as early as the second day, when the number of the armatures was increased to seven, and on the morrow, the irritability of the integument and the chorea had disappeared altogether.

Whenever, in these experiments, the cure was prompt and complete, anæsthesia was produced concomitantly. But, when this symptom was not been observed, the therapeutic effects of the method were found to be slower and less perfect. In one case, in which twenty-four hours were sufficient for recovery, an eruption of white pimples broke out under the metallic plates, and ulcerations followed, which healed but slowly and occasioned much trouble.

Such are the facts, towards which we were desirous of calling the attention of the profession. The satisfactory

results of metallo-therapia, in essential muscular contortion, are already sufficiently numerous to be conclusive, but we cannot say as much with regard to chorea. In some patients, the armatures have been successful, in others, they have failed : a difference in the results probably referrible to the fact that the causes of chorea are various. Thus, the disease may originate in mental emotion, in the presence of worms, in rheumatism, or in chlorosis; and perhaps no form but the essential variety of chorea will derive any benefit from metallic agency. It is unnecessary for us to add that we cannot be too reserved in a question of this nature, ignorant as we yet are of the mechanism by which the therapeutic action of the metal is produced.

H. CHAILLOU.

### ART. 5636.

#### HOTEL-DIEU.

(Mr. Robert's wards.)

#### *Symptoms produced by the tardy evolution of the wisdom-teeth.*

Mr. Robert recently directed the attention of the persons who attend his clinical wards to three patients suffering from symptoms directly emanating from the appearance of the wisdom-teeth.

Bed N° 3 in St. John's ward was occupied by a young man aged twenty, who, for three weeks, had complained of considerable pain in the mouth; the saliva was tinged with blood and the gums tumefied. On examination of the diseased parts, Mr. Robert perceived in the furrow which separates the cheek from the anterior border of the ramus of the maxilla, on the left side, an extensive and very painful ulcer covered with whitish exsudations : somewhat lower, on a level with the ulcer of the cheek, the gum behind the third molar was much swollen and very tender. The sore had been occasioned and was prevented from



healing by the inflammation of the gum, due to the evolution of the wisdom-tooth. In this case, Mr. Robert cauterized the ulcer with concentrated muriatic acid, and removed a portion of the gum in order to assist the cutting of the tooth and prevent its pressure upon the adjoining soft parts. Cauterization would have been fruitless without the performance of this little complementary operation, the disease would assuredly have continued so long as its cause remained.

At N° 23 in the same ward we likewise noticed a patient who, for two years, had experienced pain in the region of the last molar tooth on the left side. An abscess had formed within the mouth and had been lanced. Some time after, another abscess formed in the cheek, at a distance of two inches in front of the tooth referred to, below the left commissure of the lips; it was opened, but the skin became detached and a fistula was the consequence. The detachment of the skin had been cured by an operation, but after closing the sinus had formed again. In analogous cases the migration of the purulent secretion to so considerable a distance from the place where it originally formed, and the situation of the fistular aperture near the chin are frequent causes of error. Two dentists were thus deceived in the present instance and prescribed iodine injections, which proved unavailing. An itinerant dentist appears to have been the only person, who correctly interpreted the facts. He discovered the real cause of the symptoms, and, in order to make room for the wisdom-tooth, he extracted, not the last molar, but the last but one, an operation which did not however produce the desired results. The patient then came to the Hotel-Dieu, where Mr. Robert without hesitation pronounced the case to be one of dental fistula, and caused the wisdom-tooth to be immediately extracted. The very next day, the suppuration had decreased, and on the third day a complete cure was effected, which after a fortnight appeared to be perfectly confirmed. In this case the abscess and sinus had originated in chronic inflammation of the mucous membrane and perhaps the alveolus, caused by the difficult evolution of the wisdom-tooth.

Dental fistulæ, observed Mr. Robert, are marked by a

light depression, around which the skin is puckered and wrinkled ; they moreover generally adhere to the bone, when they rest upon the lower maxilla. The surgeon's first duty, in a case of this kind, is to examine the sinus with a probe. In the instance above referred to, the fistula was situated opposite to the first bicuspid, and the probe gliding upward reached the back of the wisdom-tooth, where it was distinctly felt under the gum.

Mr. Robert then alluded to a needle-woman aged twenty three, who occupied bed 26 in St-Paul's ward, and who for two years had suffered acute pain at the angle of the jaw on the right side. At first, she had repeatedly been affected with swelled face and with gum boils, the frequent return of which at last induced her to come to hospital. As she had great difficulty in opening her mouth, a local examination was impossible before the removal of the inflammation by means of leeches, gargles and poultices calculated to allay the irritation, etc. After a few days of this treatment it became possible to inspect the mouth, and Mr. Robert ascertained that one half of the last molar was still imbedded in the tumefied and ulcerated gum. The surgeon removed this covering, and the symptoms occasioned by the pressure of the tooth upon the soft parts immediately yielded. In this case, a simple or crucial incision would have been insufficient, the excision of the ulcerated portion was indispensable, a cruciform division of the gum being efficacious, only before the tooth has made its appearance.

Mr. Robert, having related these three cases, entered on the description of the symptoms resulting from the evolution of the *dentes sapientiæ*, and his highly interesting remarks were reproduced as follows in the *Gazette des Hôpitaux* :

“ The development of the third molars, or wisdom-teeth,” said Mr. Robert, “ often causes, from its tardiness, numerous and varied morbid phenomena, which are not usually alluded to in treatises of surgery. It would not, however, be devoid of interest to present such symptoms synoptically, and the result would be an important monograph from which practitioners, who frequently meet with diseases of this kind, might derive most useful information.

The wisdom-teeth are short and broad, their root is straight, single and grooved, appearing to be made up of four or five fangs compressed together, and they seem to be backward both with respect to their size and the period of their appearance. It would therefore appear likely that these teeth, which have undergone some degree of atrophy, would work their way through the gums without occasioning any morbid manifestations.

“ Many circumstances, however, combine to render their evolution difficult and sometimes even dangerous. Thus, it not unfrequently happens that, at the period of its development, the last molar is deflected. The cutting of this tooth being always more or less tardy, the other teeth, situated in front, press upon the follicle, force it back, deform the alveolus, and frequently oblige it to assume a transverse position; hence a frequent deviation forward, backward or laterally of the last molar. This deformation is occasionally so considerable that the alveolus has been found to occupy the ramus of the maxilla, the tooth being so displaced as to rest its crown upon that of the second molar.

“ This irregular development of the wisdom-tooth, therefore, easily accounts for the various more or less serious symptoms observed in the neighbouring teeth, the jaw, mouth and gums, such as osteitis, periostitis, necrosis, inflammation of the soft parts, etc. The enormous power displayed can only be compared to the effects of water, oozing between the chinks of rocks, and bursting the masses asunder when expanded by congelation.

“ Beside these inflammatory affections, we must not omit to mention a symptom scarcely ever absent, and which often exists alone during a variable period. I refer to the pains, which often last months and even years, and depend solely upon the evolution of the wisdom-tooth. These persisting pains are an almost unmistakeable sign of the presence of chronic inflammation, caused by the obstacles to the development of the tooth; this latent phlegmasia, after having continued for a more or less protracted space of time, may suddenly be transmuted, under the influence of any unimportant external cause, or even without any apparent cause whatever, into an



acute inflammation of the bone, the periosteum or the surrounding soft textures, hence mortification of the maxilla, periostitis with suppuration, congestions, abscesses, etc.

“ These abscesses may form on the outer aspect of the jaw, where soft textures are not abundant, or on the inner face of the maxilla, in the deep seated parts of the mouth, and the pus detaching the muscles and aponeurotic sheaths may descend into the neck, and give rise to the most formidable complications. Thus Bérard Sr relates the case of a girl, who was admitted into the Hospital Saint-Antoine, and who died in consequence of abscess of the sub-clavian region, which had originated in the filtering of purulent matter from abscesses in the mouth.

“ The inflammation occasioned by the evolution of the wisdom-teeth sometimes invades the throat, and necessitates the removal of the congested tonsils.

“ In some cases these secondary symptoms attack the soft palate and uvula; Mr. Robert witnessed the case of a young man suffering from inflammation of the soft palate and enlargement of the uvula, which, from its contact with the root of the tongue caused loss of appetite, vomiting and a variety of symptoms simulating disease of the stomach. They were all however referrible to the inflammation caused by the development of the last molar.”

These cases and the remarks by which Mr. Robert illustrated them show that whenever, at the period of evolution of the wisdom-teeth, the mouth or throat become the seat of any morbid manifestations, it is important to ascertain at once if the symptoms do not depend upon irregular dental development.

#### ART. 5637.

*Remarks on the treatment of gonorrhœa in man;  
astringent medication (1).*

Astringent injections are much used in the treatment of puriform urethritis, but the management of that disease has not yet acquired a sufficient amount of precision and com-

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(1) Vide Art. 5587, 5596, 5613 and 5625.

pleteness to permit us to point out, *à priori*, the peculiar mineral or vegetable astringent most likely to prove beneficial in any given case. It is nevertheless a well ascertained fact that all astringent injections are not possessed of the same degree of efficacy, and we are likewise aware that an injection, which, on one occasion, has been perfectly successful, may fail most signally on the morrow, under circumstances, to all appearance, entirely identical. The prescriptions must therefore be frequently modified. After having for some days recommended that which appears to deserve most confidence, the practitioner must change it for another in the event of no improvement having taken place. It also very frequently happens that an injection, which at first had produced an evident amelioration, loses its power and its favourable influence upon the disease. The quantity of the astringent ingredient should then be altered, or another injection substituted.

Whatever medicinal agent may form the base of the astringent injection, we are in the habit of warning the patient that the solution should occasion *no smarting*, and that, if its use be followed by pain of any permanent character, the injection should be diluted by the addition of a little water. It is, on the other hand, necessary to be aware that the absence of all pain in the urethra, during the performance of the injection, indicates that the remedial action is insufficient, and points out the propriety of increasing the quantity of the medicinal substance it contains. In short, in order that the astringent injection should be useful, and be possessed of its proper degree of strength, it should produce some very slight and transitory pain, and at least occasion a sense of heat in the duct.

The number of astringent injections to be made in the twenty-four hours generally varies from four to six, but this amount is frequently insufficient, and we often prescribe as many as eight, ten and even more, recommending the patient, at the same time, to make one or two at night if he should happen to awake. We have noticed on many occasions that the same injection, which had produced little or no effect when repeated three or four times in the course of the day, yielded the most satisfactory results, when used twice as frequently. The amount of the discharge usual-

ly guides our determination in this respect, and in proportion to the abundance of suppuration we reiterate the injection.

Most authors, who have written on this subject, advise the astringent injections to be persevered in for a certain length of time (eight or ten days, at least) after the cessation of the discharge. This recommendation is most important, as relapses are often to be traced to the neglect of the above precaution. The opposite extreme must however be avoided, and the injections should not be continued, as is sometimes the case, for several weeks or even months after the cure has been effected. This course almost invariably tends to the production of the oozing commonly termed *gleet*.

When astringents have been prescribed, baths and diluents must be forbidden, and a strict diet should also be instituted. The promptness with which any indulgence in fermented liquids or food is followed by a return of the acute state of the urethral inflammation is a well-known fact, and sexual intercourse has a still more pernicious influence. These various points should be urged as forcibly as possible upon the attention of the patient.

Amongst the astringents in most general use for this disease, sulphate of zinc, extolled by Benjamin Bell, occupies the first place, and this medicine appears to us fully to deserve its reputation.

Sulphate of zinc should be prescribed in small doses, and always dissolved in distilled water. The precise amount of the remedial agent is most important, and at the same time most difficult to discover, as it must vary in each case. In this respect we are guided by the following rules :

If the patient still experiences any pain in passing water we prescribe :

<i>R.</i>	Zinci sulphatis.	5 gr.
	Aq. destill. . .	3 $\frac{1}{4}$ oz.

This injection should be repeated three or four times only a day. After three days, if the condition of the



patient has improved, we increase the dose to 10 gr.; and, if after a further trial of four or five days, decisively favourable results have not been obtained, we carry the dose to 16 gr. in the same amount of water; at this period we frequently combine the use of balsamic substances with the local astringent treatment.

When no pain whatever accompanies the emission of urine, we consider the 5 gr. solution too weak, and we at once prescribe one or other of the two following injections :

*R.*   Zinci sulphatis.       10 gr.  
      Aq. destill. . .       3 $\frac{1}{4}$  oz.

or,

      Zinci sulphatis.       16 gr.  
      Aq. destill. . .       3 $\frac{1}{4}$  oz.

The former is peculiarly proper when the discharge has acquired a milky white hue, that is, when it is moderately puriform and not very abundant; the latter, when the morbid secretion more or less closely resembles that which exists during the period of status of gonorrhœa.

Our readers will remark that these injections contain none of the astringent substances which are so frequently prescribed in combination with sulphate of zinc (such as laudanum, tannin, catechu, acetate of lead, etc.). We have long since ceased to prescribe these composite formulas, of which sulphate of zinc is the principal ingredient, because our personal experience has forced upon us the conviction that sulfate of zinc is never more efficacious than when exhibited alone.

Of course we would not be understood to say that the association of several astringent substances in one injection cannot be of any service; we merely assert that sulphate of zinc seems to us endowed with a sort of specific efficacy in the period of decline of gonorrhœa, and that this efficacy is never so manifest as when the remedy is prescribed alone, in small doses, and dissolved in distilled water.

For the last six or seven years we have frequently used the following composite astringent injection, and we have found it so often successful that we do not hesitate to re-

commend it, the doses varying according to the amount of irritability existing in the urethra :

<i>R.</i>	<i>Aquæ fontis.</i> . . .	3 $\frac{1}{4}$ oz.
	<i>Ferri sulphatis.</i> . .	8 to 16 gr.
	<i>Extr. catechu.</i> . .	16 to 32 gr.
	<i>M.</i>	

The association of the above ingredients produces a black-coloured fluid, which has the singular property of combining with the muco-purulent secretion, or of adhering to the walls of the urethra, in which it is readily retained, and is not carried away with the urine, a fact easily ascertained by examination of the urethra after the emission of water when a certain amount of the black substance of the injection will be found to ooze out on pressure.

Here, as with sulphate of zinc, the absence of pain and the appearance of the discharge must guide the practitioner as to the doses of the black injection.

The urethra preserves so considerable a degree of irritability in some patients, especially in those who have made caustic or irritating injections, that the exhibition of the weaker astringents becomes difficult or inefficacious. Under these circumstances we recommend *preparations of lead* or the *trisnitrate of bismuth*, the first doses being always small.

Such are the leading features of the astringent medication, an efficient method which for eight years we have adopted with the five or six hundred patients affected with gonorrhœa, who annually appear at our dispensary; its success is far less dependent upon the peculiar prescription adopted, or upon the combination of pharmaceutic ingredients, than upon a precise knowledge of the indications and counter-indications upon which it should be regulated. This view of the matter is most essential, and, in order to place it more prominently before our readers, we will summarize it in the following propositions :

Astringent injections are injurious during the acute stage of gonorrhœa.

After the termination of the acute period, and when the morbid secretion is abundant and of a distinctly purulent

character, they should still be avoided, as powerless to check the discharge, or as tending to a reproduction of the acute form of the disease.

Astringent injections are highly beneficial at the period of decline of puriform urethritis, especially when the discharge consists of muco-purulent matter, moderately abundant and of a milky aspect.

The strength of the injection in each case must depend upon the twofold indications afforded by the irritability of the urethra and the nature of the morbid secretion.

F. CLERC, M. D.

## MEDICAL CORRESPONDENCE.

ART. 5638. CURIOUS CASE OF CATALEPSY OCCASIONED BY WORMS; OXYURI. *Professor Dumas of Montpellier's treatment.* — Whenever an interesting fact, calculated to throw light upon any obscure point of pathology or therapeutics, comes under the observation of the practitioner, it is his duty to make it known to the profession.

On the 9th July.... I was summoned to the hamlet of Monas, canton of Marcenat, to a young woman, who was reported to have lost all consciousness for twenty hours. On my arrival, I observed in the patient an absence of all mental operations, of feeling and of voluntary motion; but the pulse was perceptible, the heat of the skin natural; the limbs, which were not rigid, remained in whatever position was given to them; in short, I ascertained the presence of all the signs of catalepsy. I was further informed that, six months previously, the patient had remained six days in a similar situation, and that she had vomited for the first time a prodigious quantity of very large and very long lumbrics, some dead, others living; a few having even escaped from the nose. Presuming that this attack was similar to the former, but not being sufficiently enlightened as to the real cause of the symptoms I witnessed, I confined myself to the application of a few leeches behind the mastoid processes; I likewise prescribed rubefacients on the calves of the legs and dry frictions over the whole body, in order to prevent directly and by counter-irritation the congestion I apprehended in the encephalon. On the morning of the 10th, I was apprized that the attack was over. I visited the patient, who complained of lassitude and general weakness, and had lost all recollection of what had occurred the day before; with the exception of the dilatation of the pupils, her countenance presented nothing peculiar. The mouth was clammy, the tongue white, thirst intense, and nausea and constipation were present. She suffered at the same time from sharp and continuous



pain in the whole extent of the diaphragm and from unbearable heat all over the body. She informed me that she had long been liable to fainting fits; that she felt in the throat the sensation of a ball, which prevented her from swallowing; that she experienced an irresistible inclination to yawn, to stretch her limbs, etc. I concluded that these nervous disturbances were occasioned by worms, and I unhesitatingly directed the treatment towards their removal.

I prescribed 15 gr. of ipecacuanha and 1 gr. of tartar emetic. The medicine brought on the ejection of numerous worms with bile. Thirty lumbrics of large dimension having been passed with the motions, I exhibited 2 oz. of castor oil, which occasioned the expulsion of about forty more. Three days later, the patient again passed twenty; I then prescribed enemas with castor oil, and subsequently of semen contra. This treatment was thus continued for a month, and, under its influence, the young woman expelled 600 worms in less than 24 days. Tonics, antispasmodics and appropriate diet completed the cure, and the nervous symptoms disappeared altogether.

This case recalls to my memory another which, though of an ancient date, is not the less interesting. It occurred as far back as 1809, and refers to a man of 65 years of age, of dark complexion, thin and tall, who was admitted into Professor Dumas's, of Montpellier, clinical wards, for a disease of the skin and ill-defined nervous symptoms, supposed to be connected with a syphilitic disorder. The patient was treated accordingly, when one day, while watching the case as clinical clerk, I perceived ascarides escaping from the anus. I inserted my finger into the rectum and, on withdrawing it, I found that it was covered with myriads of small worms. Dumas, at his next morning's visit, ascertained the fact, and a circumstance occurred, which much surprised the spectators. The patient fell into a trance, and remained sitting up in his bed, as motionless as a marble statue, one of his arms supported by his stomach, the other hanging, his eyes fixed, pupils dilated, etc. "This," said Dumas, "is a genuine and complete attack of catalepsy." The fit lasted twenty-four hours, and, during that time, the patient's attitude remained unchanged.

Dumas was in the habit of prescribing for oxyuri a course of treatment which the reader will be gratified to learn, and which was adopted in this instance.

I introduced into the whole length of the rectum tents lubricated with mercurial ointment, which were left four hours. As soon as they were withdrawn, I injected into the intestine a glass-full of a decoction of cascarilla. The canula I used for this purpose was of the same length as the rectum, without any aperture at the extremity, but perforated with lateral holes, so that the liquid, which escaped as from a watering-pot, carried away with it the ointment adhering to the mucous membrane and the little worms which were imbedded in it. This remedy, repeated three times daily, was persevered in for a month, at the expiration of which the ascarides were destroyed; but, in Dumas's estimation, it would have been injudicious to remain satisfied with this result; the return of the oxyuri was further to be prevented. To attain this end, it was found suf-

ficient to modify the vitality of the intestinal mucous membrane by means of tonic injections. The patient remained six months in hospital, and was discharged perfectly cured.

Since that period, I have frequently resorted with the same success to Dumas's method, which is both rational and innocuous, consequently far superior to the inefficient and dangerous drastic medication, which is occasionally prescribed for *ascarides lumbricoides*, the habitual abode of which is in the stomach or the small intestine (1).

FARRADESCHE-CHAMBASSE, Sr., M. D.

(Allanche, Depart. of Cantal.)

ART. 5639. RECENT CASE OF MEDULLARY SARCOMA CURED BY SPONTANEOUS ELIMINATION. — Before the question of the spontaneous cure of cancer has lost the momentary interest it has been invested with by Mr. Sax's case, which has been so cleverly turned to account, I am desirous, with your permission, of giving publicity to an instance in some respects parallel to that of the celebrated inventor of musical instruments.

A young married lady, under my professional care, had borne, for a number of years which she was unable precisely to state, under the nipple of the right breast, a hard, irregular, knobbed tumour; it was occasionally the seat of sharp pains, which were much aggravated and became unbearable from any strong pressure and even from the merest contact. The size of the growth was progressively increasing, and, when I examined it for the first time, in June 1856, it had attained the volume of a hen's egg.

After careful inquiry and examination, I concluded the disease to be scirrhus; but previously to an operation fully justified by the local con-

(1) We agree with our learned correspondent that the treatment for *ascarides vermiculares* should be entirely local; but, if mercury is here an excellent anthelmintic, nitrate of silver in enemas would appear to be no less efficacious, and its action is much more rapid. Dr. Schultz Bipon, of Daidesheim, has published, in the *Deutsche Klinik*, the formula of the solution he employs in this circumstance, and the effect of which, he says, is infallible. The following is the formula :

R. Argenti nitratis cryst. . . . 8 gr.

Aq. destill. . . . . 6 oz.

for an enema.

This enema is perfectly harmless. Three are usually required for cure. The first is generally retained imperfectly; the patient returns it shortly after it is administered with a great number of *ascarides*. It should be repeated the next and following days, and it seldom happens that, after a treatment of four days, the rectum is not rid of its troublesome guests, whose presence gives rise to such various and strange symptoms.

H. C.

dition of the part, and the satisfactory state of health of the patient, but objectionable on account of the coexistence of pregnancy at the seventh month, I prescribed a course of treatment principally consisting in the exhibition of hemlock, aconite, iodine and solvents both internally and externally. This medication was persevered in without any visible improvement for two months, when the patient was safely delivered at the end of August.

Two days after confinement, the local symptoms became much aggravated, and were considered as a consequence of milk-fever, but did not subside with the rising of the milk, but on the contrary persisted during four or five days, gradually diminishing in intensity. The lacteal secretion was attended with an increase of pain and size of the tumour; the disease appeared to gain ground and the skin assumed, at the margin of the swelling, the circumscribed blush of erysipelas, and presented a livid hue towards the centre. The patient herself and her friends were inclined to believe in abscess of the breast, due to some accidental exposure; for my part, finding the symptoms limited to the right breast, and chiefly occupying the vicinity of the tumour, I began to think my previous diagnosis had been incorrect, and that the case might merely prove to have been a simple inflammatory swelling of the mamma, now on the eve of suppuration after having long remained in a chronic state. Fluctuation, however, was not perceptible in any part of the tumour, and I found no indication for the use of the knife. In proportion as time elapsed since labour, the central brownish hue, tension and pain also increased, the dressing consisting merely in poultices of a soothing and sedative nature.

On the fourth day after the appearance of fever, the skin mortified and broke, giving passage to an irregular, knobby tumour, as large as a hen's egg, surrounded by a lacerated membranous sheath, through the apertures of which I plainly discerned a sarcomatous substance, softened in some parts, harder in others, and separated by its base from a puriform collection, which seemed to propel it forward, and the matter of which escaped immediately and continued to be discharged during two or three days. The appearance of the mass left no doubt of its being a medullary sarcoma; its hardness, its connections with the stretched skin, and the resistance of the cyst in which it was partly enveloped had deceived me and led me to believe in the presence of a scirrhus.

The tumour was completely eliminated in the course of thirty-six hours, a process which I assisted by efforts of traction upon the cyst with dissection-forceps; the inflammation then subsided, the discharge of puriform matter continuing during two or three days with profusion, and afterwards gradually diminishing and at last ceasing altogether after a few days.

The wound, which followed the spontaneous removal of the morbid growth, presented a most unpromising aspect. Its margin was inflamed, puffy and jagged, its hue wan and sickly, filled with swollen granulations contrasting by their bright scarlet colour with the greyish tinge of the purulent matter, which had accumulated in the depressions, and altogether resembled the centre of cancerous ulcers of the breast. Some hope



might, however, be entertained that, with the subsidence of inflammation, this unsatisfactory appearance might improve, and that, the neighbouring textures losing their tumefaction, a wound of a simple character might become established. These hopes were realized a few days afterwards, through the agency of simple dressings consisting in the application of muslin with cerate, covered with linseed-meal poultices. It was a remarkable fact that, in spite of the abundant secretion of milk from the diseased mamma as well as from the healthy side, no fistula ensued, and the parts, brought together by a few strips of adhesive plaster, healed in an unexpectedly short time. The cure was complete in twenty-five days, and nothing remained but a red seam which has in time been replaced by a common scar. These events occurred nearly three years ago, and the patient, who enjoys perfect health, has never presented the least sign of a tendency to relapse.

While offering the above case to the consideration of the reader, and without entering into protracted analytical details, may we not draw the conclusion that the cancerous growth was in this instance removed by the unaided efforts of nature, by which the inflammation that terminated in the fall of the tumour was aided and incited? This remedial action, the first indications of which appeared previously to the accouchement, was powerfully assisted by the opportune occurrence of milk-fever, and by the congestion of the breasts incidental to lactation. Now, although circumstances were auspicious, the spontaneous elimination of the disease still remains an unquestionable fact, solely ascribable to the *vis medicatrix naturæ*.

If the value of the above case were contested with respect to the question of the spontaneous cure of cancer and its analogy with the case of Mr. Sax; if it was attempted to cast any doubt upon the nature of the eliminated tumour, I should answer the double plea as follows :

1. The nature of the morbid texture was, in my opinion, unquestionable; I closely examined it, extracted by pressure cancerous juice from its fragments; I divided both its surface and its circumference, so as to display the sarcomatous tissue and its vascular elements.

2. My diagnosis surely may be considered as not less deserving of credit than that of Mr. Vries and his friends in the case of Mr. Sax. I might perhaps have preferred Mr. Velpeau's opinion, if, from a feeling of delicacy deserving of all praise, the honoured professor had not refrained from alluding personally to a gentleman, who had been his patient. As he has not published his view of that tumour, I implicitly accept the assertions of Mr. Vries and his partisans.

3. This growth, situated on the upper lip, at a given time, coincidently or otherwise with the treatment, whether active or insignificant, prescribed by Mr. Vries, was surrounded by circumscribed inflammation, and subsequently fell away under the joint influence of gangrene and suppuration. This is precisely the succession of events observable in the case I have related. Further, admitting for the sake of argument, that my diagnosis may have been incorrect and that the tumour described by me was not a medullary cancer, and, on the contrary, that the tumour described by

Mr. Vries was undoubtedly a genuine sarcoma, is it not evident that the interference of the *vis medicatrix naturæ*, which was so beneficial in a disease of a doubtful nature, may equally occur for the cure of the most distinct and authentic cancer? Nothing then remains but to form a correct estimate of the treatment recommended by the *Black Doctor* to his patients, and for this appreciation I am satisfied with the information afforded to the public by Messrs. Velpeau, Giralde's and Fauvel of Paris, by Mr. Weeden Cooke of London, and by Lord Harris of Trinidad.

My object, in this short communication, has been merely to place on record one more instance of the spontaneous cure of cancer to be added to the list already produced by Messrs. Velpeau and Nélaton. It would be easy to swell out this list by a reference to the authors, who have bestowed their attention on the *vis medicatrix naturæ*. The slender amount of information possessed by ancient writers on the subject of cancer, and the recent researches which have of late years only given precision to our knowledge of the characteristics of this morbid product, would doubtless form grounds of objection; this is unquestionably the motive, which deterred the two professors of the Faculty of Paris, whose erudition is so well-known, from adducing more numerous instances of spontaneous cure, a reserve which I must be permitted to imitate.

A. BOURDEL, M. D.,

*Fellow of the School of Medicine  
of Montpellier.*

## ART. 5640.

### SCIENTIFIC MISCELLANEA.

HEMICRANIA. PROFESSOR PIORRY'S TREATMENT. — Persons subject to hemicrania, says Mr. Piorry, are aware that the first symptom of the attack is a central cloud which obstructs vision; when the eyes have been fixed upon a strong light, a dark spot remains upon the retina, a familiar phenomenon which will give persons who are not subject to nervous head-ache an idea of the cloud of hemicrania. The circumference of this cloud soon breaks into a zigzag line, with 10 or 12 peripheric notches, which it is impossible to count with perfect accuracy, the outer margin being of a bluish tinge which recalls electric light or the peculiar colour of stars. This spectrum is endowed with an uninterrupted oscillating motion; vomiting soon follows and, in some cases, formation along the course of the median and ulnar nerves. Amaurotic patients, although entirely blind, are occasionally subject, with nervous head-ache, to this strong perception of light. The luminous spectrum or phantasma follows the eye in its motion and is more vivid when the eyes are closed; when they open, the objects which surround the cloud are alone visible, for instance on looking into any body's face, the central parts of the countenance cannot be seen.

What is the seat of the phenomenon? It is doubtful whether it can be

localized in the retina, although the optic nerve alone would seem to be endowed with the power of giving rise to sensations of light. Mr. Piorry would be more disposed to refer it to the iris, on account of the vomiting, by which it is accompanied and followed. Thus surgeons have long since noticed that, whenever the iris is touched during the operation for cataract, vomiting is the almost immediate consequence. (The sickness may be accounted for in this case by the anastomotic communications of the third and fifth pairs of nerves with filaments of the pneumogastric.)

This is, therefore, a pathological phenomenon attested by numerous attentive patients, by Drs. Labarraque Jr, Foucault, Jules Pelletan, Lubanski, etc., who have observed it in their own cases, and may be accepted as an unquestionable fact, which would, according to Mr. Piorry's opinion, be a sufficient proof of his assertion. As to the best remedy for hemicrania, Mr. Piorry considers that it may be arrested at its outset by conveying into the stomach food, its natural stimulant : a glass of claret and a biscuit, for instance, are generally sufficient. When the hemicrania becomes very intense, the following mixture, which Mr. Piorry has found efficient in the most serious nervous affections, may be prescribed. It is one which he recommends in all cases of disease of the nervous system :

R. Quinæ. . . . .  $\frac{1}{2}$  dr.  
 Alcoh. vel :  
 Tinct. cinnamomi. . . . q. s. ad solut.  
 Aq. . . . . q. s. to dilute without  
    precipitation.  
 Syrup. . . . . 4 dr.

Mr. Piorry's object in prescribing the above mixture is to cause, in the nervous system, sudden vibrations, which may counteract those which constitute the disease, in a word, to apply to its treatment the substituting method ; at all events, this mixture relieves neuralgia even when it does not assume the intermitting form.

ART. 5641. ONANISM IN INFANTS. — Mr. Trousseau called attention long since, in his clinical lectures, to the frequency of vicious habits in the youngest children ; he has more than once pointed out to the students the cynical spasm in the face of *infants at the breast*, and who, without the assistance of their hands and by an imperceptible motion of the thighs, procured precocious and fatal indulgence. Mr. Marjolin Jr has observed the same facts, and we find in the *Annales de la Société de Médecine de Gand* a communication from Dr. Van Bambeke, containing, with reflections on this interesting subject, three cases, which throw further light on the question of onanism in early infancy.

Two of these three cases relate to little girls. In none of the subjects did the hand intervene in the act of *self-pollution*, masturbation being an improper term in the instances in point. One of the thighs, and generally the right thigh, was the agent of friction. For this purpose, one of the



lower extremities being kept immoveable and fixed, the other was placed in internal rotation and adduction, the leg being bent almost at right angles upon the thigh, the latter then moved upward and downward as it were spasmodically. At the same time, the face became congested and covered with perspiration; the eyes assumed great brilliancy, and if the child was disturbed in its manœuvres, it was irritated and cried. Mr. Van Bambeke remarked, however, that these children ordinarily chose, to gratify their voluptuous instincts, a recumbent attitude, seizing for support some object within their reach. One of the little girls, quoted by this physician, was aged twenty months and indulged in these propensities in her mother's lap; and the latter finding the child gradually lose flesh, and unsuspicious of the real cause of the evil, saw naught but unusual movements, without any object, which she ascribed to the presence of intestinal worms. And yet it is obvious that these doings afford the child gratification: the spasm with the paleness and subsequent depression, the irritation manifested by the child when it is disturbed during the act in which its infant will intervenes, the appropriate position chosen for the gratification of desire, would suffice to prove the self-pollution, did not other signs exist as additional evidence of the fact. Thus, during the spasm, the penis or clitoris becomes erect, and, in one of the little girls under observation, the erectile organ, in consequence of frequent excitement, had acquired considerable development. The repetition of this excitement is extremely frequent, and is generally interrupted but by the interval necessary to recover from the exhaustion, the collapse, which ensues.

To speak conclusively of the causes of onanism at so tender an age, a greater number of facts would be requisite. Nevertheless, Mr. Van Bambeke has observed the following: In these three children, the original excitement dated from the eruption of the first teeth. Is this more than a mere coincidence? It is, at least, in his opinion. The nervous system very irritable at this period, the sympathetic disturbances so numerous in the other organs, justify the supposition that here a special irritation takes place in the organs of generation, an irritation which, accidentally or instinctively, excites pleasurable sensations hitherto unknown, but which unhappily always degenerates into a habit. Hunter had already remarked that dentition was sometimes attended with a puriform discharge from the urethra and a running from the vagina; but he does not speak of nervous disturbance of the generative organs. Another cause of local and more evident excitement is the deposit of sebaceous matter under the prepuce; and the pernicious influence of this acrid, irritating matter is moreover established by the fact that its removal notably diminishes the excitement.

Another consideration to be taken into account here is the *habit*. The first indulgence of the infant, be it accidental or not, induces a desire for further gratification, which is often so much the more frequent that it is procured with more facility; for the child knows neither shame nor remorse, and those around him humour him in a caprice, the danger of which they do not even suspect.

To avert this danger, two things must be considered: 1. the youth of

the child; 2. the probable cause of the bad habit he has contracted. The first duty of the medical adviser, says Mr. Van Bambeke, is to acquaint the parents with the possibility of a vicious instinct in their child; this is almost one half of the medication; for, as soon as the mother is aware of it, as much as she had previously fostered what she deemed an innocent caprice or an involuntary act, so much will she now endeavour to prevent what she knows to be prejudicial to her nursling and to be the cause of his emaciated state.

Her superintendence will be most easy, for the child does not attempt concealment; sometimes even, as we have seen, he indulges in onanism in his mother's lap. The latter will then check by force this fatal inclination; if the child puts his limbs in the position described, she will remove them and will not scruple to have recourse to a certain degree of physical chastisement. This active vigilance, added to hygienic precautions, will soon master the bad habit, and the return of the child's healthy condition will show its mother that intestinal worms were not the cause of the evil. In the two little girls in question, the removal of the sebaceous matter considerably diminished the local excitement. It will not have escaped notice that scrupulous attention to cleanliness is of great assistance in these cases; frequent cold water lotions are also recommended. Tepid baths and emollients are to be avoided; for, as appeared in one of these little patients, they were rather injurious than beneficial.

Mr. Van Bambeke thinks these means will generally be successful, and that, in little girls, amputation of the clitoris should be seldom resorted to, although some authors, and especially Dr. Gros, advise it as a last resource in older subjects.

ART. 5642. OLD WOOD DUST AS A COSMETIC AND EXTERNAL MEDICINAL APPLICATION. — If medical practitioners have rightly relinquished the use of a great number of old formulas more or less complicated and often of little or no value, it must be admitted that many others, which were of incontestable utility, have been placed in the same category.

The agent, to which Mr. Devergie has just called attention in a communication to the *Bulletin de Thérapeutique*, is one of those, says that physician, which are distinguished by the activity of their medical power in any peculiar disease of a certain gravity. It is at the same time a cosmetic powder and a topic applicable to numerous cases of cutaneous affections, in which the skin cannot bear the contact of a fatty substance. Mr. Devergie is perhaps the first to have noticed the necessity on the part of the practitioner to ascertain in diseases productive of secretion whether the skin can bear either fatty or pulverulent substances. It is utterly impossible to judge at first sight which will be the best medicinal excipient. All the time the disease lasts, the excipient must remain the same, at the risk, if it is changed, of gradually losing the improvement obtained. All active agents may be combined with fatty substances; but it is most difficult to incorporate them in powders. These powders are by their nature emollients (starch, orris-powder), or more or less resolute (lycopodium, tan, old wood dust).

Of the above the dust of old wood presents a degree of division and tenuity beyond all comparison. It is siccative, astringent, discutient. Why and how? Mr. Devergie does not know; for if it is prepared with the bark of worm-eaten oak, it may act by the tannin it contains; but it is much more active than tan, or at least its siccative effects are much greater.

What part is to be assigned to the worms in the wood? The question does not admit of a ready solution.

Chance has led Mr. Devergie to appreciate its good effects as a cosmetic powder for all these little hypersecretions, those slight excoriations, which are observable in both sexes after intercourse; for all cutaneous irritations of the organs of generation, the inguinal fold, the sinus of the breasts, the axillæ, the incessant secretions of which occasion such distressing irritation in a great number of eczematous or impetiginous diseases.

To obtain this powder, the old bark or some good heart of worm-eaten oak must be selected, pounded in a mortar, sifted through the finest sieve, and a stock laid in. Mr. Devergie appeals on this subject to the apothecaries, who, for the most part, when asked for the powder in question, supply tan-powder, or lycopodium, or a mixture of several powders. On the other hand, the physician of the Hospital Saint-Louis recommends to his fellow-practitioners the dust of old wood, and, if his advice is followed, he does not despair of reviving an excellent powder for the dressing-table, which perfumers no longer sell, and an excellent topical application in the circumstances above described.

ART. 5643. ASPHYXIA FROM CARBONIC ACID GAS; IMMINENT DEATH. RAPID CURE BY THE APPLICATION OF MAYOR'S HAMMER. — We borrow from the same work the relation of an interesting case, which bears testimony to the advantages which may be derived from the use of Mayor's hammer in asphyxia from the inhalation of carbonic acid gas.

A railway labourer, twenty-four years of age, was admitted, on the 21st of February last, to the Hospital Saint-Antoine, into Mr. Aran's wards. This man, of a strong and robust constitution and of a sanguine temperament, was found in his room in a state of suspended animation from the vapours of carbonic acid gas. When he was placed in his bed, at 6 P. M., he was unconscious; his face was turgid and the veins of the neck much tumefied, the pulse insensible at the wrist, the pupils dilated, but still somewhat contractile; the muscles of the jaws rigid, the breathing very difficult, inspiration very short and expiration protracted; common sensation was deadened throughout the body, and the upper and lower extremities were in a state of contraction. Applications of Mayor's hammer to the chest were immediately resorted to: on the first application to the epigastric region, the breathing suddenly stopped, and, while the hands moved as if to repel an aggression, of which the individual was not precisely cognisant, the eyes opened wide without any apparent restoration of the power of vision, and a deep inspiration showed that the breathing had returned to more natural conditions. Twelve times was the hammer applied to the chest, along the insertions of the diaphragm and to the an-



terior aspect of the thorax, and with each application vitality was more and more awakened. The pulse returned at the wrist and presented 120 beats, although an hour elapsed before the power of speech was restored, consciousness was not complete before two o'clock in the morning; blood was taken from the arm, and frictions with vinegar were employed after cauterization, in order to hasten recovery.

On the following day, the 22d of February, the patient was restored to complete consciousness; his face was still congested, and a tendency to drowsiness was noticed; 84 pulsations; venesection (1 lb.). The disposition to sleep continued the 23 and 24, when it diminished and disappeared under the influence of aperients. The patient remained a few days more in hospital, awaiting the cicatrization of some of the wounds caused by the hammer, which left a slight scar.

As early as 1854, the *Gazette des Hôpitaux* reported a remarkable instance of asphyxia from the accumulation of bronchial secretions: imminent death was happily averted in the same manner by Mr. Aran. The same journal lately noticed, on the occasion of the recent case observed at the Hospital Saint-Antoine, that, since the singular investigations of Messrs. Rayer and Hervieux on the effects of the application of Mayor's hammer on the dying, the felicitous idea has occurred to several practitioners of taking advantage of the valuable hints resulting from these experiments, and of applying the method to some of those cases in which life seems about to become extinct in consequence of some short functional disturbance, the fatal effects of which may be instantly averted by a powerful stimulant. Some of these attempts have been crowned with success.

The Belgian journals recorded, in 1848, the case of a patient on the verge of dissolution during the last stage of a malignant fever, who was restored to life by the use of the means above described. Dr. Mavel d'Ambert literally wrested two patients from the grasp of death by the use of the heated hammer. Very recently, the learned editor of the *Bulletin de Thérapeutique*, Dr. Debout, reported a case in which, twelve years ago, he was fortunate enough to relieve from a state of apparent death a woman exhausted by abundant uterine hemorrhage, by combining the application of Mayor's hammer with the use of enemata of generous wine, the beneficial action of which has again been much extolled of late.

## PRESCRIPTIONS AND FORMULAS.

We extract from Dr. Noirot's *Annuaire de littérature médicale étrangère* for 1859 (1) a few prescriptions taken at random among the host of clinical observations and documents of every kind, which recommend so strongly this valuable work to the attention of our French fellow-practitioners:

ART. 5644. IRISMUS INFANTUM; TURPENTINE INTERNALLY.—In the *Charleston Med. Journal* we read that Dr. Byrd has, by the exhibition of

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(1) One vol. 8vo. Victor Masson.

this remedy, cured three cases of *trismus neo-natorum*, after having failed with other means in upwards of thirty instances of the same terrible disease in new born children. Mr. Byrd exhibited every two hours, first 5, subsequently 8 and finally 10 drops of essence of turpentine; the improvement was slow, but steady, and no relapse occurred.

ART. 5645. PROFUSE PERSPIRATIONS IN CONSUMPTION; OXIDE OF ZINC. — The *Boston Journal* states that Dr. Jackson prescribes the oxide of zinc with marked success in pulmonary consumption, whenever perspiration becomes excessive. He exhibits the powder at bed-time, in 6 to 8 grain doses, to be repeated, if necessary, after a few hours' interval.

ART. 5646. RHEUMATIC AFFECTIONS; PROPYLAMINE. — Propylamine is an artificial alkaloid prepared from pickled herring, cod's liver oil, ergot of rye, human urine, etc. This substance has been tried in several hundreds of cases since 1857, by Dr. Avenarius of Petersburg, and he considers it as a specific for diseases of a rheumatic origin. Mr. Avenarius prescribes every two hours a table-spoonful of the following mixture :

R. Propylam. . . . .	24 m.
Aq. destill. . . . .	6 oz.
Oleo-sacchar. menth. pip. . . . .	2 dr.

In acute cases, fever and pain are frequently subdued in the space of twenty-four hours.

## ART. 5647.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Want of space did not permit us to make known the works crowned by the Academy in its annual meeting of the 7th March.

Among the works relating to medicine and surgery, we will especially notice a paper by Mr. Negrier of Angers, which confirms that learned physician's previous statements relative to ovulation, and which, according to the expression used by Mr. Velpeau, the reporter, establishes an important scientific fact.

"Previously to Mr. Negrier's investigations," said the learned professor, "menstruation had remained without a plausible explanation, without any appreciable organic cause. It is no longer so now : by researches as numerous as they are varied, Mr. Negrier demonstrates that the catamenial discharge depends upon the evolution of ovula, and that each menstrual period coincides with the maturity or detachment of one of the ovula generated in the ovary."

A sum of 2500 fr., taken from the Monthyon prize, has been granted to Mr. Negrier as a recompense for these researches.

The Academy moreover awarded :

To Mr. Landouzy, for his investigations on amaurosis in albuminuria, a prize of 72*l.*;

To Mr. Boudin, for his *Treatise on geography and medical statistics*, a prize of 72*l.*;

To Mr. Denis, for his investigations on the blood, a prize of 72*l.*;

To Mr. Giraldès, for his work on the anatomy of the spermatic cord, a prize of 60*l.*;

To Mr. Forget, for his paper on dental anomalies, a prize of 60*l.*;

An honourable mention to Mr. Durand-Fardel, for his work entitled : *Therapeutic Treatise on the mineral waters of France and of foreign countries, and of their use in chronic diseases*;

And to Mr. Lefoulon, for a Memoir in which the author endeavours to demonstrate that the deviations of the teeth depend most frequently on a defect of conformation in the maxillary bones rather than of the teeth themselves.

The last prize, awarded by the illustrious Company, is that of 200*l.*, arising from the Bréant legacy, and, as is well known, relative to cholera. This year, the Academy did not deem it expedient to grant, any more than in previous competitions, the great prize; but it distinguished by a reward according to the testator's intention, a work which meets some of the conditions of the programme. This work is Dr. Doyère's, and treats of the composition of the air exhaled by persons affected with cholera, and of the temperature of the body of these patients in their last moments.

With the aid of an apparatus invented by himself, Mr. Doyère has ascertained that the air exhaled by patients in cholera contains more oxygen than in the normal state, and that the amount of oxygen emitted was greater in proportion to the severity of the attack. He has in like manner ascertained, under the same circumstances, a marked and constant diminution of the proportion of carbonic acid. The consequence of these first results is that we are enabled to estimate the gravity of the case by the analysis of the air exhaled. Thus, in the instances in which the patients promptly recovered, the oxygen absorbed was not below 3 per cent, nor the carbonic acid emitted below from 2 to 3 per cent; and, on the other hand, no patient was saved when the figures given by the analysis had fallen lower than  $1\frac{1}{4}$  for the first and  $1\frac{1}{2}$  for the second gas, even when the improvement in the symptoms had raised great expectations of a favourable issue.

A result, which the commission has pointed out as one of the most important in Mr. Doyère's investigations, is that, notwithstanding the diminution of activity in the respiratory function, notwithstanding the lesser combustion of carbon, the temperature of the body still notably increases; and when an amount of carbonic acid, much smaller than that of the physiological state, escapes from the lungs, the heat in the axilla still rises to 104° (Fahrenheit) and more. Mr. Doyère has further ascertained this unexpected fact that, at the approach of death, when the circulation becomes embarrassed and is about to stop, when the respiratory function becomes every moment less active, the axillary temperature increases in



cholera to such an extent as to rise to  $110^{\circ}$ , i. e. it then attains a maximum to which it but very seldom rises in febrile diseases, during the course of which the greatest production of heat is observed. At the moment death takes place, this singular phenomenon of the elevation of the temperature suddenly ceases.

— In a more recent meeting, Mr. Ollier, whose experimental investigations on the artificial production of bone, by the transplantation of the periosteum, we have noticed elsewhere, presented to the Academy the result of his new observations on osteoplastic surgery. The learned physiologist has performed osseous graftings and exchanged bones between animals of different species. He transplanted bones from one rabbit to another, and, having inserted them under the skin or in the place of the analogous bone previously removed, Mr. Ollier found that they adhered and lived, so to speak, on the new soil. Their vascularity was re-established, and they continued to grow, especially in thickness, by the successive ossification of the different layers of the infra-periosteal blastema.

ACADEMY OF MEDICINE. — At the conclusion of our report of the proceedings of this learned body, in our last number, we left Mr. Depaul addressing the Academy on the subject of the value of the cases on which Mr. Huguier had based his voluminous memoir relative to the *hypertrophic elongation of the cervix uteri*. These cases are eleven in number.

In the two first, Mr. Depaul noticed a peculiarity not very easy of comprehension. In one, the cervix which had attained 27 lines in length, did not extrude from the vulvar aperture, whilst in the other the cervix, lengthened 15 lines only, protruded through that orifice. Mr. Depaul asked Mr. Huguier to reconcile this apparent, contradiction.

The third and ninth cases refer to excisions of the cervix performed for diseases foreign to hypertrophic enlargement. In the former a fibrous tumour had formed in the anterior labium, and in the latter a tumour had become developed in the follicles.

The operation in cases 4 and 6 did not seem to have been justified by the severity of the symptoms. Thus in the fourth case a concomitant hernia afforded a satisfactory explanation of the colics and abdominal pains complained of. In the sixth case Mr. Huguier removed the cervix although the anterior labium, which was the longest, had yet attained but a length of four lines, the operation being performed for the purpose of *preventing the further increase of hypertrophy*.

In this instance, it might perhaps be also remarked that Mr. Huguier had resorted to the knife before he had exhausted the other resources of treatment, and had therefore broken through the very proper rule laid down by himself, the cervix having been excised nine days only after the admission of the patient into the wards. Mr. Depaul likewise expressed his surprise at another circumstance connected with this case, namely the complete cicatrization of the wound eleven days after operation; a speed unparalleled in the history of sections of the cervix.

Cases 4, 5, 10 and 11 deserved notice on account of the hemorrhages, by which the amputation was immediately followed: the losses of blood were abundant, and required the application of procedures which, like plugging, are not innocuous. In the 11th case especially, the flooding was of a perilous character; the operation was advised by Dr. Huguier and performed by Mr. Marchal (de Calvi), the patient very nearly died and her recovery was very tedious.

To summarize, excision of the cervix is a serious operation which requires the practitioner to pause before resorting to it, for the removal of a disease not generally placing life in danger, or even preventing the patients from pursuing their usual avocations.

In conclusion Mr. Depaul observed, in relation to the first point :

1. That the hypertrophic elongation of the *vcginal* portion of the cervix uteri is a disease which has long been known and has been described with accuracy.

2. That this condition can never be mistaken for slight prolapsus, and more especially for a falling of the womb, sufficiently considerable to induce extrusion of a more or less extensive portion of the organ through the vulvar aperture.

3. That a positive diagnosis may, in all cases, be established by palpation of the abdomen, examination per anum et per vaginam, and by ocular inspection; that it is therefore unnecessary to resort to the introduction of catheters into the uterus, a procedure which may be attended with the utmost peril, and which should be kept in reserve for some few exceptional instances in which it may enlighten the diagnosis of certain obscure varieties of uterine disease.

4. That in almost every case a satisfactory issue may be attained by a judicious resort to the usual resources of the *materia medica*, and especially to cauterization.

5. That it is therefore improper to make a generale rule of the excision of the cervix, even under the circumstances pointed out by Mr. Huguier.

6. Finally that, despite the cases related by Mr. Huguier and those derived from his personal experience, this operation must still be considered as one of the most important processes of surgery, and has, it must not be forgotten, already caused the death of several patients.

In relation to the second point Mr. Depaul further remarked :

1. That the elongation of the cervix uteri, in that portion situated *above* the attachment of the organ to the vagina, did not exist.

2. That the condition described as such by Mr. Huguier was but the hypertrophy of the body of the viscus (chiefly apparent at the cervix or the lower part of the body of the womb), or an elongation of the uterus independent of hypertrophy, and even occasionally coincident with atrophy.

3. That this elongation of the womb, with or without hypertrophy, was a well known condition, as might be seen in the works of Messrs. Cloquet, Dugès and Boivin, Cruveilhier, etc.

4. That the above anatomical change had not been mistaken for com-

plete prolapsus uteri since the diseases of the womb have become the object of more attentive investigation.

5. That, on the contrary, authors had laid stress upon this partial or general hypertrophy which they had described as a cause or a consequence of prolapsus.

6. That the form of prolapsus in which a portion only of the viscus descends through the vulva was uncommon ; but that complete prolapsus was even far more unfrequent.

7. That in the records of science instances of this complete extrusion may unquestionably be found, and that there were few surgeons in extensive practice who had not met some such instances in the course of their experience.

8. That the diagnosis of uterine prolapsus in its several degrees can be established with all desirable precision by the modes of investigation in common use (*abdominal palpation, examination per anum et per vaginam, exploration of the vulvar tumour with the hand*).

9. That the introduction of the uterine catheter was not only dangerous, but afforded no information as to the thickness of the uterine walls, and for this and other reasons might leave the surgeon ignorant as to the real length of the organ, and further supplied no knowledge whatever as to the dimensions of the other diameters of the womb.

10. That Mr. Huguier's operation, for some of these forms of prolapsus, presented all the dangers of simple excision of the cervix, and became additionally perilous from the greater extent of the uterine wound, and from the vicinity of the peritoneum, which was in much danger of being injured, especially in the posterior region.

We regret that it should be out of our power to reproduce in extenso, Mr. Huguier's reply to Mr. Depaul's arguments. He confuted ingeniously and not without success the charge of not having taken into account the previous works relative to the hypertrophic elongation of the cervix.

"It was equally unfair," said Mr. Huguier, "to criticize my remarks as to the frequency of elongations limited to 2 or 3 inches. Mr. Depaul asserts that I stated such elongations to be of common occurrence ; I said nothing of the kind.

"Neither have I stated that the diagnosis is habitually very arduous, nor did I attempt to justify upon this supposed difficulty the use of the hystrometer. I declared explicitly, on the contrary, that it is often easy by mere exploration with the finger to establish an accurate diagnosis, but I still maintain that, in consequence of various anomalies of the cervix, the use of the speculum and even of the hystrometer may be indispensable. If, as it has happened in my own experience, Dr. Depaul had met with cases in which tumours of the cervix, thick and rounded inferiorly, irresistibly suggest the presence of complete inversion of the womb, he would doubtless admit that, in such instances, it would be but prudent to seek with the hystrometer for the aperture of the os uteri. Despite the objections which have been urged, hystrometry will travel, without much fatigue, over the medical world.



" Let us now enter *in medias res*, and examine the question of treatment. To excision Mr. Depaul prefers cauterization with the actual cautery, which he considers will be estimated by none comparable in point of danger with amputation of the cervix. I agree with him, in certain cases of hypertrophy, in those, for instance, which do not exceed 10 or 12 lines, and when at the same time the cervix is tumefied or in a softened, fungous or varicose condition. But when the enlargement reaches 2 inches or more, cauterization is vain, and amputation must be resorted to if any serious symptoms supervene: experience has taught me that these cases can be relieved by no other means. Here the actual cautery even has no beneficial effect, because its resolute action is of no efficacy and its destructive power is altogether insufficient, the mortification produced seldom extending beyond a depth of two lines. In order therefore to be justified in expecting any advantage from its application, it would be necessary to have recourse to it too frequently, a line of conduct, which would prolong the treatment in a most discouraging manner, if it did not indeed expose the patient to dangerous local inflammations and perhaps to the permanent establishment of organic disease. Even admitting that such accidents might be averted, I am convinced, from my observation of analogous facts, that the adoption of this method would not lead to the destruction of the enlarged portions of the cervix, because, from the excessive assimilative power which marks this disease, an equal and perhaps a larger amount of textures would be reproduced during the intervals between the cauterizations than the actual cautery has destroyed in its successive operations. A careful survey of the effects of this escharotic upon the womb, shows that they are far more serious than is generally supposed, or than one would be disposed *à priori* to admit. Thus, if the operation is performed with due caution, if the assistants have been skilful, the operation itself is rapid and moderately painful at the time, and for twenty four or forty-eight hours after, the patient complains of no feverishness or suffering. But, when four or five days subsequently, the elimination of the mortified parts begins, a more or less extensive and violent uterine inflammation sets in, occasionally attended with fever, peritonitis, ovaritis, phlebitis or inflammation of the lymphatics, and pelvic abscess, symptoms which are not generally referred to the cauterization because they made their appearance a long time after the operation.

" In cases in which the elongation has reached from two to three inches, I prefer excision to cauterization, because by the former procedure the disease is at once and securely removed; because it causes less alarm to the patient; because, although the cautery produces moderate pain, the knife occasions even less; because it induces less danger of peri-uterine inflammation; because the operation is less serious in cases of hypertrophy, than when it is performed for the removal of scirrhus, of sarcoma, or of an epithelial ulcer, as in these various forms of disease it is frequently requisite, in order to remove the whole of the morbid growth, to amputate high up, close to or even in the very spot of the attachment of the vagina, whereas, in simple hypertrophy, the section should be made at three or four lines lower down. Being performed upon healthy structures it is

also less liable to lead to mischief, and because it is possible and proper in such cases to remove the cervix almost in situ without any contusion or dragging downward of the womb, often a highly dangerous process. Hemorrhage is also less frequent, less abundant and more easily checked.

"As to hemorrhage, which has been converted into a bugbear, and is represented as a most fearful accident, it can now be prevented almost at will by the surgeon, by the use of the *écraseur*, by the application of lint pledgets impregnated with the solution of perchloride of iron, or by the immediate, complete and precautionary plugging of the vagina, a process not so hazardous under the circumstances now alluded to, as after operations performed for the removal of organic disease of the womb. It is best however, to dispense with it at first, to allow the escape of a certain amount of blood, and to interfere only when the flooding is excessive; for this purpose a skilled assistant should remain in permanent attendance upon the patient, and the phantom of hemorrhage is thus readily disposed of. Indeed I can speak on the subject somewhat authoritatively from my personal experience, having performed the operation, besides the fourteen excisions of the supra-vaginal portions of the cervix related in my memoir, not less than thirty times in which I excised the infra-vaginal part of the cervix for different local diseases, and never having met with a single instance of hemorrhage which proved fatal, or was difficult to check.

"The gravity or innocuousness of an operation should, besides, be estimated not only from the consideration of the operation in itself, but also and principally from the nature of the diseases, which have rendered it imperative, and from the statistics of its success in each particular case. Thus in the present instance, independently of my own seven cases which were fully successful, I find that the same operation has been performed once by Messrs Follin, Broca, Marchal (of Calvi), Bertet (of Cercoux), twice by the late Ph. Boyer, with the same satisfactory issue, the patients having been completely relieved of their symptoms.

"One of the most eminent practitioners of Germany, Professor Scanzoni, whose work has just issued from the press, states (page 65): "As to the treatment of this form of hypertrophy, I have so frequently ascertained the futility of therapeutic resources, both local and general, that I now exclusively resort to the excision of the enlarged portion of the viscus."

"If, therefore, I am in error in the line of conduct I have adopted and which I recommend, it will at least be acknowledged that I err in good company.

"Our learned colleague has also reproached me with not having always acted in accordance with my own precepts, and having removed, without a previous trial of other measures, more than one cervix, the elongation of which did not exceed two inches. I reply that I have never done so in simple hypertrophy thus limited, but in cases complicated by anteversion or retroversion, diseases in which the functions of the rectum and bladder may be very seriously interfered with, by even moderate elongation of the

cervix. This was observed in cases 9 and 10, which had long and unsuccessfully been treated by skilful practitioners."

Reverting to the history of his cases, for their vindication, Mr. Huguier pointed out severally Mr. Depaul's errors on the subject: he showed that in case 1 as in case 2 the cervix issued through the vulvar aperture; that in case 3 the operation was performed for a hypertrophic elongation of 3 inches in length and not for the removal of a fibrous tumour, which constituted but an insignificant feature of the principal disease. Mr. Huguier endeavoured to establish that Mr. Depaul had not been more accurate in his criticisms of cases 4, 6 and 9.

Mr. Huguier having concluded his reply, Mr. Moreau congratulated him upon the light he had thrown on an important question of uterine pathology; after having done this justice to the activity and talent of his colleague, the learned professor dissented from his opinions on the subject of hysterometry and the propriety of a bloody operation for the removal of the elongated cervix. Mr. Moreau thought that the use of the hysterometer might lead to injurious and dangerous consequences, particularly to abortion, which he could never, on any account whatever, approve of. The operation besides did not appear to him rational as it has caused death more frequently than the disease for which it has been instituted.

No other member having expressed a desire to address the Academy on the subject, the discussion was closed.

—A ballot took place for the election of a member in the section of morbid anatomy. The votes were recorded as follows: Mr. Denonvilliers 43, Mr. Mènière 16, Mr. Roger 11, Mr. Barthéz 3. Mr. Denonvilliers was accordingly declared duly elected.

## ART. 5648.

### BIBLIOGRAPHY.

*Traité pratique des dermatoses, classées d'après la méthode naturelle* (Practical Treatise on diseases of the skin classified according to the natural system) by Dr. L. V. Duchesne-Duparc (1).

This work, as the author informs us in an advertisement which serves as a preface to the book, summarizes twenty-five years special study and practice. Mr. Duchesne-Duparc, formerly Alibert's house-surgeon, devotes the first pages of his treatise to the memory of his illustrious master. In an interesting notice he recalls to life that fertile and varied mind, and while he admits that Alibert's rivals, almost all of whom were his pupils, have incontestably advanced cutaneous pathology, principally in a therapeutical point of view, Mr. Duchesne-Duparc reminds us, with a sentiment of equity which does him honour, that it is to the ingenious creator of the

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(1) 1 vol. 12mo. J.-B. Baillière and son.



family of *dermatoses* that the new medical generation is indebted for the success, with which it has gone forward in the career, in which the skilful and amiable surgeon of the Hospital of St Louis had preceded it.

The diseases of the skin have been classed by Mr. Duchesne-Duparc according to the principles of the natural method adopted by Alibert. His descriptions are clear and concise. We have also remarked the care with which the author sets forth the distinguishing characters of these diseases. But the important part of the work is the chapter on treatment.

Convinced by daily observation that every disease of the skin can be completely cured, or at least improved and rendered bearable, Mr. Duchesne-Duparc wished the attention of his fellow-practitioners to be principally directed to the various resources which art and experience borrow from the different kingdoms of nature (botany, chemistry, physics, the Animal Kingdom, etc.), in order to apply them to the cure or to the relief of these affections, and among the methods of treatment he has noticed those which a conscientious practice and numerous facts, gathered in his clinical wards and in his private practice, have shown him to deserve the preference for the safety of their application, and the fidelity of their results.

Mr. Duchesne-Duparc terminates the *Traité des dermatoses* by a formulary in which are inserted all the prescriptions applicable to the treatment of diseases of the skin. This part interests equally the apothecary and the medical practitioner; for if the notes which accompany each important formula contribute to facilitate the preparation of the medicines, they will also aid in regulating their exhibition.

The reader will have seen that Mr. Duchesne-Duparc's work justifies its title of *Practical Treatise*, and that it is destined, as its author desired, to aid practitioners remote from special hospitals, and likewise pupils who seek thoroughly to understand the pathology of cutaneous diseases.

*The nature and treatment of deafness and diseases of the ear,*  
by M. Downing, Esq. M. R. C. S. E.

The unpretending little volume before us is an epitome of the diseases of the ear and the precepts of the author are illustrated by numerous cases, affording ample proof of the progress of this branch of pathology. The different delicate operations necessary for diagnosis and treatment are briefly described, and a short account of each variety of aural affection receives additional elucidation from the subsequent record of cases in point. Mr. Downing's experience is evidently extensive, and the principles on which he grounds his practice are deduced from the soundest rules of surgical therapeutics.

## ART. 5649.

## MISCELLANEA.

The decree, so long expected by our fellow practitioners of the army has at length been signed. This first part of the regulations contains the most important articles for the efficient working of the medical corps. Assimilation of rank is not dealt with, but a commission will be soon appointed to settle the question definitively; it will be presided over by a field-marshal, and composed of field-officers, commissaries and inspectors of the sanitary service.

The scale annexed to the decree grants to military surgeons or apothecaries the same pay as to field-officers of the engineering corps; the indemnity of 6*l.* recently allowed to regimental officers from the rank of second-lieutenant to that of captain inclusive, is comprised in the ordinary pay of the *officiers de santé*.

Numerous promotions are about to take place in the different ranks of the body, if, as every thing appears to indicate, the lists are immediately and completely filled up.

Other arrangements, not included in this decree, will successively complete the organization of the sanitary corps. The new plan relative to men nurses, lately tried, has completely succeeded; the solution of that question will doubtless keep pace with that of the definitive organization of the two schools of the sanitary service.

## DECREE.

Napoleon, etc.

In pursuance of the decrees of 23 March 1852, 21 July 1854 and 4 August 1855; on the report of our Minister, etc., We have decreed, and do hereby decree the following, viz.

Art. 1. The sanitary staff of the land service is organized as follows :

<i>Physicians and surgeons.</i>		<i>Apothecaries.</i>	
Inspectors. . . . .	7	Inspectors . . . . .	1
Head-surgeons, 1st class. . .	40	Head-apothecaries, 1st class. .	5
Head-surgeons, 2d class. . .	40	Head-apothecaries, 2d class. .	5
Surgeons, 1st class. . . . .	260	Apothecaries, 1st class. . . .	36
Surgeons, 2d class. . . . .	300	Apothecaries, 2d class. . . .	42
Assistant surgeons, 1st class.	400	Assistant apothecaries, 1st cl.	55
Assistant surgeons, 2d class.	100	Assistant apothecaries, 2d cl.	15
	<hr/> 1147		<hr/> 159

2. Assistant surgeons and apothecaries of the 2d class shall be promoted to the 1st class after two years' active service.

8. For the future, to every regiment consisting of three batalions, and to every corps of equivalent effective force, shall be attached :

1 1st class surgeon ;

1 2d class surgeon ;

1 assistant surgeon.

4. The pay of surgeons and apothecaries is fixed conformably to the annexed scale.

5. 1st class assistant surgeons and apothecaries, now in the receipt of pay higher than that of the annexed table, shall continue to receive such pay, in their different positions, until promoted to a higher rank.

6. All previous dispositions, not modified by the present decree, are and shall be maintained.

Our Minister Secretary of State for the Department of War, is charged with the execution of the present decree.

Given at the Palace of the Tuileries, the 23rd day of April 1859.

NAPOLÉON.

By order :

The Field-Marshal, Minister Secretary of State for the Department of War.

VAILLANT.

*Scale of pay while on duty and indemnity for lodgings on a peace-footing.*

SURGEONS AND APOTHECARIES.	PAY. INDEMNITY	
	£	£
Inspectors. . . . .	400	48
Head-surgeons and apothecaries, 1st class.	250	38
Head-surgeons and apothecaries, 2nd class.	208	33
Surgeons and apothecaries, 1st class. . . .	180	29
Surgeons and apothecaries, 2nd class . . .	118	14
Assistant surgeons and apothecaries, 1st class. . . . .	80	13
Assistant surgeons and apothecaries, 2nd class. . . . .	72	13

The foregoing decree is preceded by a report of the Minister of War, in which the learned field-marshal makes, with a marked feeling of kindness and justice towards the medical corps of the army, a statement of the improvements about to gratify a part of the wishes of our fellow-practitioners.



The following information has reached us on the composition of the medical staff of the army of Italy :

Baron Larrey is appointed surgeon in chief of the army ;

Mr. Champouillon, surgeon in chief of the 1st corps ;

Mr. Boudin, — 2nd —

Mr. Salleron, — 3rd —

Mr. Fenin, — 4th —

Messrs. Legouest, Bertherand and Cazalas are attached to head-quarters; Messrs. Méry and Napoléon Perrier, to the ambulances of the guards.

— When justice is deaf to the honourable voices, which expose the turpitude of a quack unprovided with any description of medical title, we must applaud the spirit of a salutary initiative, which has just been taken by the Council of Administration of the Medical Association of Loir-et-Cher, which forwards the following letter to the Imperial Procureur of the Tribunal de Première Instance of the Seine :

“ Monsieur le Procureur Impérial,

“ The Council of Administration of the Medical Association of Loir-et-Cher,

“ Encouraged by a recent judgment of the Cour de Cassation, which declares the illegal practice of medicine a moral injury to the medical profession,

“ Has decided, at a meeting holden on the 16th instant, that a complaint should be preferred against Mr. Vries for the illegal practice of medicine in Paris.

“ The members of the Medical Association of Loir-et-Cher reserve their right of civil action against Mr. Vries.

“ The object of this proceeding is to spare the medical practitioners of the Seine the appearance of an interest merely pecuniary, in a circumstance in which the dignity of the profession is principally injured.

“ We have the honour, etc.

“ LUNIER, President; SATIS, Vice-President; DUFAY, Secretary General; YVONNEAU, Secretary of the meeting; CHAUTARD-BROCHETON.”

— Dr. Pellarin, in his character of Inspector for the registration of deaths of the commune of Montrouge, has had cognizance of the sad end of one of Mr. Vries's patients, who had followed his treatment from the 24th February; the day before her death, the 15th April, the *black Doctor* had unhesitatingly warranted her cure.

ARMY OF ITALY. — General order. The inspector-general, physician in chief of the Army of Italy, has the honour of informing medical officers

of all ranks, that he will be replaced at head-quarters by the head physician (1st class) Dr. Boudin, who, from seniority and from his personal merit, is doubly entitled to that distinction.

— A ministerial notice having been issued instructing physicians or students of Medicine desirous of taking service in the Navy, in the capacity of auxilliary surgeons, to apply to the Inspector-General's office at the Admiralty, more than two hundred applications were received in a few days from pupils of the school of Medicine of Paris.

— The great John Hunter, whose remains had for sixty years reposed in the vaults of a small church, now occupy, near the sovereigns of England, in Westminster Abbey, a place worthy of his deserts.

On 28th March the ceremony of inhumation took place; during divine service, the members of the council of the college of surgeons and other eminent persons met in *Jerusalem Chamber*, where formerly Henry IV was suddenly struck, in the Abbey, with the apoplectic seizure, which proved fatal.

The coffin was in a state of excellent preservation; a brass-plate was found affixed to the lid, bearing the family crest, and the words : *John Hunter, Esq. died 16 October 1793, aged 64 years*; and below another plate was added, by order of the College of surgeons, with the following inscription : *These remains were removed from the church of St Martin in the Fields by the Royal College of surgeons of England. March 21st 1859.*

— Baron Alexander de Humbolt, a foreign honorary member of the Academy of Medicine of Paris, has recently died at the advanced age of ninety. He may almost be considered as a French savant, part of his works having been published by him in the French language. The Emperor has ordered that his statue shall be placed in the historical Museum of Versailles.

— Dr. A... (Amédée) shot himself with a pistol on the 30th of April last. In the *Journal des connaissances médicales et pharmaceutiques*, Dr. Caffé relates the following singular conversation : “ A few days before committing suicide, he met at the *Café du Helder* his friend, Mr. de V..., who endeavoured to reason him out of his low spirits. Dr. A., without listening to him, said : “ If you should ever require it, I will tell you a neat “ method of putting an end to your life. Load a pistol, place your hand “ upon your heart and, when you feel it distinctly throbbing, apply one “ finger upon the spot; rest the muzzle of the pistol upon the edge of the “ finger, carefully avoiding contact between the weapon and the skin of “ the chest, pull the trigger.... and the business is done.... without “ pain.”

— Dr. Glover, who distinguished himself by important researches on chloroform, died April 9, from the effects of this substance, of which he had swallowed (it is supposed for experimental purposes) the enormous quantity of 2 to 3 oz. at too short intervals.

## ART. 5650.

*Comparative remarks on the oils of the cod, skate and dog-fish. — New means of averting and diminishing the dangers of chloroform. — Neuralgia; anæsthetic mixture. Hydrochlorate of ammonia in nervous headache.*

The therapeutic question of fish oils involves several problems, which science has not yet solved. Are these oils a medicine or merely an aliment? In the first hypothesis is their efficacy referrible to any peculiar mineral principle, or does it depend on the *natural* association of various elements? Can *artificial* combinations, such as iodized oil, for instance, be substituted for fish oils? Questions such as these are justly entitled to serious investigation and to exercise the sagacity of experimentalists. Important researches by Professor Trousseau are announced as about to appear very shortly: these will doubtless throw much light on the mode of action of these oils; but in the mean time, we will briefly state the tenor of the report read by Dr. Devergie to the Academy of Medecine in the name of a committee appointed to judge the investigations made by Dr. Delattre, of Dieppe, on the oils of cod, skate and dog-fish.

In 1852 Mr. Homolle demonstrated to the *Société médico-pratique* the impossibility of finding in the trade an oil exclusively proceeding from the liver of the *gadus morrhua*. “But”, added this observer, “it is not requisite it should be otherwise, since experience has proved beyond a doubt the nearly complete identity of oils produced by the livers of various fish belonging to the genera *gadus*, *raja* and *squalus*.” This allegation forcibly struck Mr. Delattre, and induced him to undertake an analytical investigation, which confirms the accuracy of the fact advanced by Mr. Homolle.

It would indeed appear, from a chemical analysis instituted by Mr. Delattre assisted by Mr. Girardin of Rouen, that the oils extracted from the cod, skate and dog-fish



contain the same elements, but in different proportions. Compared with cod's liver oil, skate oil contains one half less iodine, a fourth less sulphur and one third more phosphorus. The oil of dog-fish is richer in iodine and in phosphorus than cod-liver oil; it contains a little less bromine and sulphur. Compared with skate oil, dog-fish oil contains twice and a half as much iodine and merely a fifth less phosphorus; it is, therefore, chemically speaking, richer in inorganic ingredients than cod-liver and skate oil, except, as to the latter, with respect to phosphorus. Mr. Delattre extended his analytical researches to the different varieties of cod's liver, oil amber-coloured, light, brown and black. The result of these analyses is that, from the purest virgin oil to black oil, a descending progression is observed in the quantity of inorganic principles contained. But the differences in the proportions of these ingredients are so unimportant, that they do not at all justify the preference of certain chemists for light-coloured to brown oil, in opposition to the teachings of medical experience on the subject.

Not, said Mr. Devergie, that there is any special effect to be ascribed in the therapeutic action of cod-liver oil to iodine, bromine, phosphorus and sulphur: for the remedial action does not reside in these chemical elements alone, but it is to their association by nature that, in the estimation of Mr. Devergie, we are indebted for certain specific effects which are unattainable, when these elements are isolated. This learned practitioner cannot, therefore, admit the pretensions of those chemists who contend that artificial oils can supply the place of fish oil.

Arriving at the practical bearings of the question, Mr. Devergie noticed the results obtained by Mr. Delattre in the experiments he made on skate and dog-fish oils, and which may be stated as follows: 1. The physiological action of the oils of fish-liver is the same, whatever may be the species of oil employed; 2. these oils may be considered as succedanea of each other; all are applicable to the treatment of scrofulous, herpetic and rheumatic affections; 3. there are, however, diseases, which more particularly require the use of one of these oils. Thus, cod-liver oil is more efficacious in scrofulous phthisis than the oil of

skate or dog-fish. Skate oil is preferable in serous diarrhoea and mesenteric obstructions in children during dentition, and likewise in the treatment of herpes and of chronic rheumatism; 4. dog-fish oil appears to be endowed with a special action in diseases of the bones. Mr. Delattre even grants it a decided preference to cod-liver oil in scrofulous affections.

It would have required no inconsiderable time to control experimentally these various propositions. The commission confined itself, therefore, to the study of that which Mr. Delattre deems the most important, namely, *whether dog-fish oil can be advantageously substituted for cod-liver oil.*

After having summarily reviewed Mr. Delattre's observations on the physiological action of fish oils, Mr. Devergie communicated the results of the experiments instituted by the commission: the dog-fish oil delivered to the Academy was very clear and light yellow in colour; it had a less strong odour and less disagreeable taste than cod-liver oil. Of twenty patients, who, at the same time, took dog-fish oil, 18 preferred it to that of cod's liver. Some patients, who could never bear cod-oil, readily took that of dog-fish. The reporter exhibited dog-fish oil to 12 patients at the Hospital Saint-Louis, illustrating scrofula at various stages, according to the method he usually pursues for administration of cod's liver oil, i. e. by combining it with an infusion of walnut-leaves, with sirup of iodide of iron and gentian wine. The general results of these cases induce Mr. Devergie to consider dog-fish oil as a succedaneum of cod-liver oil of equal value with this substance.

The experiments conducted by Messrs Guersant, Barthès and Bergeron at the Hospital for Infancy and at Sainte-Eugénie have produced results nearly similar. But, as the commission has admitted, all this experimentation is insufficient for a definitive judgment on the real value of dog-fish oil and on the special indications it is called upon to meet.

All that is known with certainty of this oil is that, in case of need, it may replace cod-liver oil, a fact not devoid of importance; for, as Mr. Cloquet justly remarked in the discussion on Mr. Devergie's report, dog-fish are never

wanting, while the supply of cod is often deficient. The dog-fish is common on the coasts of France and Algeria; its liver is enormous, and if the oil contained in abundance in this organ possesses the virtues ascribed to it by Mr. Delattre, it would be at the same time a useful acquisition to therapeutics and a valuable resource to the poor population who live on the produce of the fishery.

— Some months since, two of our most prudent and most experienced surgeons, Messrs. Richet and Marjolin severally called attention, at a few days' interval, to a case of death in their wards, occasioned by the inhalation of chloroform. This double communication made a deep impression on the medical public, and Mr. Hervez de Chégoin was so much affected by it that he proposed to the Society of Surgery to suspend the use of anæsthetics until further investigations had succeeded in discovering, either an agent or a mode of exhibition calculated to avert all accidents. It is needless to state that the proposition fell to the ground. Anæsthesia is at present so firmly fixed in the domain of surgery that it would be impossible to eject it. The idea cannot be entertained of proscribing a resource, the benefit of which is imperiously demanded by patients and which powerfully assists surgeons. For not only does anæsthesia suppress the pain inseparable from operations, but it likewise diminishes their gravity and moreover it affords practitioners advantages, the importance of which is daily increasing.

Thanks to anæsthesia, a recent dislocation of the shoulder is now reduced by the aid of a single assistant. Its benefits are such that, by annulling muscular contractility together with sensibility, it has permitted Mr. Richet to solve a problem, the solution of which was formerly reputed impossible. Thus, when a luxation of the shoulder was complicated with fracture of the superior extremity of the humerus, the most skilful surgeons recommended that the dislocation should not be attended to till after the consolidation of the fracture. It was, as Mr. Robert remarked, necessary to wait fifty or sixty days, and the result to be expected from attempts at reduction, under such circumstances, may readily be imagined. Mr. Richet, on



the contrary, having merely placed his patient under the influence of chloroform, the muscles became relaxed, and he had but to press gently upon the superior fragment to cause it to return to the glenoid cavity. But the utility of anæsthetics is not confined to this alone; it is not less manifest in the reduction of hernia. We have heard Mr. Robert extol it in cases of unconquerable spasmodic stricture of the urethra, in the introduction of lithotriptic instruments, in laborious parturition, and especially in turning, to prevent the fatal pressure of the uterus on the foetus, etc. We have already had occasion to show with what facility simple muscular contraction may, by means of chloroform, be distinguished from coxalgia, and also to what account Bonnet, of Lyons, turned anæsthesia for the previous straightening of bent limbs as a prelude to the treatment of arthritis. Even medical jurisprudence has resorted to chloroform for the purpose of discriminating simulated from real disease, such as ankylosis. It will have been seen by this rapid sketch that, if the use of anæsthetics has its dangers, these are far more than counterbalanced by its advantages. Anæsthetics should not, therefore, be proscribed, but if possible rendered innocuous.

Anæsthetics being preserved, is there any, in the present state of science, which may be considered a substitute for chloroform? Not only the surgeons of France, but those of Europe in general, do not think that any exists. In America ether is considered to be more innocuous than chloroform. This is also the opinion of a Paris physician, Dr. Blatin, who has frequent recourse to etherization. But ether is slow and not unfrequently insufficient to produce deep anæsthesia with muscular relaxation, which is indispensable to the rectification of limbs in arthritis and to the reduction of fractures, dislocations and hernia. Ether has also its chapter of accidents, and the five fatal cases recorded by Professor Bouisson are known to all, without including that published by Mr. Barrier. In France the number of deaths from chloroform has been, according to Mr. Gosselin, eighteen only, and of this relatively insignificant number more than one half may be imputed to a period, when chloroform was imprudently

administered and mixed in too small proportions with atmospheric air.

This is in reality the great principle which governs artificial anæsthesia. The vapours of chloroform should not be given pure, but mixed with air, and in this respect we believe Dr. Faure is about, if it is not already done, to supply one of the desiderata of surgical anæsthesia, the pursuit of which has hitherto been in vain.

This young practitioner has communicated to the Society of Surgery the result of his experiments on a mode of inhalation of chloroform, which consists in conducting simultaneously into the lungs equal quantities of pure air and of air charged with anæsthetic vapours. For this purpose, the chloroform is put into a phial with two apertures, one of which is open and the other adapted to an India rubber tube, which is inserted into one of the nostrils, the other nostril remaining free, and the patient shutting his mouth in order that breathing may be effected by the nose alone. The mixture of the two fluids is thus secured. Insensibility is produced very rapidly and disappears as quickly. Mr. Faure has already applied his system fourteen times, and as all the anæsthetic liquid which escapes from the phial is utilised, little more on an average than 3 scr. is requisite to produce insensibility, which occurs between three and four minutes after the beginning of inhalation. It has further been observed that, by reason of the mixture being effected at the point of junction of the two columns of the inhaled fluids, the chloroform irritates but very feebly the respiratory organs, and that neither cough nor suffocation are noticed. Mr. Faure's apparatus is so very simple that this gentleman will soon popularize it, and its value may then be estimated in anæsthesia with muscular relaxation, an anæsthesia very different from the mere abolition of sensibility.

But until experience has pronounced on the value of this apparatus, practitioners can use the sponge, the compress or the folded handkerchief, in the sinus of which is placed a pledget of wadding or lint. The chloroform is inhaled from a distance, and the inhalation should be suspended after the first three or four inspirations. The patient breathes once or twice before chloroform is resumed;

the interruption and resumption being repeated as long as the patient is not insensible. Messrs. Chassagnac and Gosselin proceed in this manner; and these surgeons, moreover, interrupt the inhalation of chloroform, when the pulse becomes weak, or the patient agitated and especially when much deeper inspirations than before are suddenly taken.

Nevertheless, fearful accidents may occur, with which it is important to contend with the utmost promptness. In cases in which respiration is suddenly suspended during inhalation, as in those in which the action of the heart is slackened or suspended, the patient must be placed in a *horizontal position* and in the best conditions of *ventilation*, and the attention of the surgeon must be entirely directed to the *reestablishment of the respiratory functions*. For the latter indication Mr. Gosselin has extreme confidence in *percussions* and *pressures on the chest*. To these may be added a procedure, the practical utility of which has been suggested by English practitioners, and which consists in *forcibly drawing forward the patient's tongue*. This means has afforded excellent results in the hands of Dr. Després of Bicêtre, who first proved its real importance. The entrance to the throat once freed from the mechanical obstacle, which opposes the admission of the air, *cadenced succussion of the chest* is resorted to. The thorax being pressed, the air impregnated with chloroform issues with noise from the larynx; the surgeon abruptly stops, the ribs rise by their elasticity, the lungs expand and the air penetrates. The sudden, abrupt pressure is repeated a certain number of times; and in Mr. Robert's estimation a much more satisfactory result is obtained than by insufflation from mouth to mouth, which this surgeon rejects as being, notwithstanding some apparent instances of success, rather injurious than beneficial. Indeed, in the unfortunate cases witnessed by Mr. Marjolin, this mode of insufflation was attempted; but the air was introduced into the digestive organs, where it became an impediment to respiration instead of supplying assistance towards its restoration. In England, surgeons, impressed with the inefficacy of insufflation from mouth to mouth, have endeavoured to replace it by tracheotomy.



Mr. Langenbeck of Berlin saved a patient by this operation, after having in vain resorted to pulmonary insufflation by the aid of the laryngeal tube; but, as the *Gazette hebdomadaire* observes in alluding to this case, there is reason to inquire whether, if the alternate forcing back of the diaphragm, performed after tracheotomy, had been practiced before this operation, when a catheter had been successfully introduced into the larynx, it would not have rendered incision of the trachea unnecessary.

After all, and with these remarks, Mr. Robert recently concluded a series of very interesting lectures on artificial anæsthesia; the following is to be done in the critical circumstances in question : prescribe ventilation and a horizontal position, draw the tongue forward, perform cadenced succussion of the chest, and in case of need, cause an assistant to stimulate the skin while the surgeon endeavours to restore respiration.

Mr. Robert added that, if death from chloroform is dreadful, it is happily very uncommon. During the Crimean war, the military surgeons computed that chloroform had been administered from 25 to 30,000 times, let us even say, 20,000; two cases only of death occurred; giving a maximum of 1 case out of 10,000. It has been said in England that death in these conditions happens once in 5 or 6,000 cases. This proportion is certainly inferior to that of death from phlebitis consequent on bleeding.

— To avoid the dangers of chloroformic anæsthesia, an English practitioner, Dr. Richardson, fancied that the application of tincture of aconite mixed with chloroform on any part of the skin, produces, when aided by the voltaic current, sufficient insensibility of the parts comprised between the two wires. These experiments have been renewed by Mr. Waller, Professor of Physiology of Queen's College, Birmingham, and it so happened that the narcotic mixture of equal parts of tincture of aconite and of chloroform was alone used and that it produced in fifteen minutes the same effects as when it was assisted by the voltaic current. Unfortunately, this mixture induces a very painful local inflammation, which lasts a long

time ; its absorption may be dangerous in children ; it would not, therefore, be prudent to use it for the purpose of producing profound anæsthesia.

But if Dr. Richardson's mixture does not attain its end in the point of view under consideration, it may, as an anti-neuralgic, have advantages which Mr. Guéneau de Mussy, physician of the Royal family of Orleans, has noticed in a communication made to the *Medical Times* on 2nd April last. In the case of facial neuralgia principally, Mr. Guéneau covers the fore-finger with a piece of thick and soft linen, steeps it in the mixture and gently rubs the gums for some minutes. By this procedure our London fellow-practitioner sometimes obtains a complete and permanent cure, and always considerable and almost immediate relief. In idiopathic neuralgia Mr. Guéneau prescribes the following mixture :

R. Aq. Coloniensis. . .	2 parts.
Chloroformyl. . . .	} 1 part.
Tinct. aconiti. . . .	

When the pain is the result of structural disease, such as a chronic affection, or inflammation of the gums, or alveoli, or a superficial necrosis of the bone, he replaces the *eau de Cologne* in the formula by tincture of iodine. He has also obtained beneficial results, not only in neuralgia of the infra-orbital, but likewise in some cases of very intense pain in the supra-orbital nerve.

Neuralgia is one of those diseases which dishearten both patient and physician. We may mention here an indirect sedative, much talked of latterly, muriate of ammonia. This medicine, much used in India for neuralgia, is exhibited by Dr. Beenchley in doses of 30 gr. an hour in a camphor mixture.

The *Revue Médicale* reports from *The Lancet* that Mr. Beenchley has successfully employed hydro-chlorate of ammonia with a man of 23 years of age, who had long been labouring under exquisite neuralgia, for which sulphate of quinine, arsenic and valerianate of ammonia had been unavailing. It is especially in cephalalgia and

in the varieties of hemicrania that this would seem to have the most success.

We will quote on this subject an interesting paper, which Dr. Barrallier, deputy head-physician of the Navy, published in April last in the *Bulletin de Thérapeutique*. Mr. Barrallier had, in imitation of Mr. Aran, used hydrochlorate of ammonia as an antiperiodic, and the remarkable results he obtained in cephalalgia connected with the manifestations of incipient typhus, induced him to administer it for certain pains in the region of the cranium and principally for hemicrania. This salt was employed by Mr. Barrallier in the form of a mixture as follows :

Aq. destill. . . . .	2 oz.
Ammon muriatis. . . . .	3 scr.
Syrupi corticis aurantii. .	<i>bdr.</i>

to be taken in three doses, at half an hour's interval.

This mode of exhibition exercises great influence over the curative action of the remedy. Sometimes patients, having misunderstood the prescription, have taken their mixture in table-spoonfuls, every hour or every half-hour without improvement. Another important circumstance to be remarked is that the chlorhydrate of ammonia does not properly develope its curative action until the pain has reached its highest degree; in the early part of a paroxysm the potion has an unimportant influence, but when the suffering of the patient is intense, the medicine, in Mr. Barrallier's opinion, acts with marvellous promptitude.

If, however, hydrochlorate of ammonia does obtain the results we have described, it is not a reason for making it a panacea for every description of cephalalgia. Every hemicrania, for instance, is not alike; it is idiopathic or symptomatic of gastric or uterine affections, etc. The following figures will give an idea of the morbid conditions in which more or less reliance may be placed in hydro-chlorate of ammonia :

Hemicrania connected with gastric disturbance, 12 cases of success out of 19.



Hemicrania consequent on dysmenorrhœa, 0 out of 10.

Hemicrania proceeding from copious menstruation, 12 out of 13.

Idiopathic hemicrania, 79 out of 87.

Accidental nervous cephalalgia, 10 out of 16.

Cephalalgia symptomatic of the period of irritation of typhus, 50 out of 63.

Cephalalgia consequent on grave, eruptive or intermittent fevers, 39 cases of success out of 61.

On the whole, Mr. Barrallier has employed for more than three years hydrochlorate of ammonia in 259 cases, and the 202 cases in which he has been successful, permit him to infer that this salt is the best therapeutic agent that can be exhibited for the various neuralgic pains of the cranium.

#### ART. 5651.

#### HOSPITAL OF LA CHARITÉ.

(Mr. Beau's wards.)

*Neuralgia; sulphate of quinine. — Pleurisy checked at its outset by an emetic. Pleuritic effusion; thoracentesis. — Rheumatism. — Exhibition of carbonate of lead for the purpose of arresting the progress of pulmonary phthisis.*

The reappearance of cold weather at the close of the month of May has been productive, in many instances, of neuralgia, pleurisy, pneumonia and rheumatic affections. The most certain method of *extinguishing* neuralgia, according to Dr. Beau, is the exhibition of large doses of sulphate of quinine. We have witnessed in one of this gentleman's patients, lying in St. Felix's ward, the speedy removal of neuralgia by the administration, morning and evening, of 16 gr. of this medicine. In these cases the physiological effects of the remedy must be carried as far as the production of *vertigo*.

— In another place we will speak of pneumonia; for the

present we will merely treat of simple pleurisy and of pleuritic effusion.

An anæmic girl, whose parents had died of consumption, was admitted into St. Vincent's ward for a trifling attack of pleurisy, marked by a stitch in the side and dulness on percussion. It was evidently unnecessary to resort to venesection or to leeching; but as on the one hand the tongue was foul, and on the other the inflammatory symptoms had been the consequence of exposure to cold, Mr. Beau recommended the following mixture with tartar emetic and ipecacuanha, which he is in the frequent habit of prescribing :

<i>R.</i> Pulv. rad. ipecac. . . . .	16 gr.
Antimon. potassio tartratis. . .	2 gr.
Aquæ . . . . .	5 oz.

to be taken in two doses, with an interval of ten minutes. This draught produced the most satisfactory results. It caused copious vomiting, and abundant perspiration, thus fulfilling the two principal indications. On the following day the stitch in the side and dulness on percussion had disappeared, the countenance was expressive of returning health, and appetite was restored : the pleurisy had been *crushed*.

In contrast with the above benign case, we shall notice a very severe instance of complete pleuritic effusion, exceptionally occupying the right side of the chest : the patient, a brass-founder, aged thirty-nine was admitted May 20, into the Salle St. Felix, suffering from excessive dyspnœa. On auscultation no tubar respiration was detected, a sign that the effusion was partly pseudo-membranous, which is an unfavourable circumstance for operation. It was, however, imperative to tap the chest, and thoracentesis was accordingly performed with the usual precautions to obviate the admission of air into the pleural cavity.

In this case some amount of œdema of the parietes had been occasioned by the lateral recumbent posture of the patient, a condition which had, as frequently happens, effaced to a certain extent the intercostal spaces. This circumstance, like the exaggerated distension of the thorax,

causing a protrusion of the grooves, which intervene between the ribs, might interfere with the successful performance of paracentesis, and occasion the trochar to strike against a bone instead of gliding into the cavity. To obviate this accident, Mr. Beau resorted to the following procedure : depressing with the left fore-finger one of the intercostal spaces, he marked with the edges of the finger the precise situation of the superior and inferior ribs, and thus ascertained that the axis of his finger corresponded precisely with the central line of the intercostal space ; he then drew back the skin and inserted the trochar into the chest, in front of the middle part of the nail. By this method, the surgeon, even unaided, is empowered to recognize precisely the proper spot for the operation, and to prevent the passage of air into the pleural cavity, the superficial and deep-seated apertures not being parallel to each other.

The fluid which escaped from the canula, amounted to a quart or a quart and a half ; but it was neither opaque nor fibrinous ; the fibrin had collected in the more dependent parts of the thorax, where it had formed pseudo-membranous deposits, thus supplying an additional proof of the accuracy of the previous diagnosis. In spite of this unfavourable circumstance, the patient experienced considerable relief, a small and unimportant amount of fluid secretion still remains within the chest. At the Hôtel-Dieu annexe, Mr. Beau on another occasion tapped the thorax of a man, in whom the left pleural cavity was entirely filled : no resonance whatever could be detected on percussion, and the dyspnœa was excessive. A few ounces only of liquid were withdrawn, but the escape of even this small quantity was productive of immediate relief, the improvement subsequently became gradual, and the patient was completely restored after an interval of six weeks. If the case we have related does not follow the same favourable course, Mr. Beau would have but to return to palliative tapping.

— We have mentioned the advantages derivable from large doses of sulphate of quinine in neuralgia. Its wonderful efficacy in acute rheumatism is equally well known,



but as the late Dr. Sandras remarked, this efficacy depends upon the production of *vertigo*. The therapeutic effect follows upon the development of the physiological action of the remedy, and is not obtained unless the latter has been brought about. A young man was admitted into St. Felix's ward for a third attack of rheumatism, the left wrist and the ankle being affected; some feverishness was present, and in all probability, the heart was engaged. On the first day, Mr. Beau prescribed an emetic, pulv. ipecac. 16 gr. antimon. potassio. tartrat. 2 gr. to be taken in a glass of water, in two doses, at an interval of ten minutes. Abundant evacuations followed, the fever subsided, and the pains disappeared. The patient was cured, but having got up, he caught cold, and suffered a relapse. Sulphate of quinine 12 gr., twice daily in water was at once exhibited, the dose being increased on the next day to 16 gr. morning and evening. Singing in the ears, deafness, head-ache and giddiness were the consequence, but the remedial action of the medicine was simultaneously manifest. The frequency of the pulse decreased, the skin became cooler, the pains subsided; the sulphate of quinine was however persevered in, at the same dose, for five or six days more, in order to prevent a relapse, when each dose was diminished every day gradually by 2 or 3 grains.

In obstinate or very severe attacks of acute rheumatism, Mr. Beau exhibits as much as 40 and 50 grains of quinine in three doses, separated by intervals of eight hours. If the patient objects to the powder, the remedy is made up into 2 grain pills, eight or ten of which should be taken in the course of eight hours; and when the stomach absolutely rejects the medicine, it is prescribed in enemas, four ounces of fluid, containing 16 gr. of quinine, being injected each time.

—We now turn to a novel and interesting subject, viz. attempts to arrest the progress of pulmonary consumption by saturating the system with preparations of lead.

Pulmonary tuberculosis is not of necessity a fatal disease. At the asylum of La Salpêtrière, Mr. Beau examined the lungs of one hundred and eighty women, who had died at

an advanced age, and three times only did he fail in detecting in the lungs traces of the disease. Let, us therefore, inquire under what circumstances the malady may be arrested in its progress. The first, according to Mr. Beau, is the physiological activity of nutrition. Pulmonary consumption being the result of two efficient causes, anæmia and tubercular diathesis, the removal of the former involves the disappearance of the latter. It is a fact ascertained from observation, and which is admitted by the highest authorities, that in general tuberculosis attacks preferably individuals, who, for a long time, have been under the influence of some debilitating cause. Hence the preservative or analeptic medications by cod-liver oil, bark, chloride of sodium, protoiodide of iron, etc., agents which have occasionally subdued the morbid tendency by restoring the digestive powers. Some anæmic subjects, however, never become consumptive, an immunity referrible to peculiar antagonistic conditions. Thus, Mr. Boudin has shown in his valuable researches on diseases caused by marshy emanations, that a sort of incompatibility exists between intermittent paludal fever and pulmonary phthisis. Now, this morbid antagonism is not a solitary illustration; it is also to be observed, says Mr. Beau, in the effects of saturnine impregnation. Mr. Beau has noticed in house-painters, in potters, in artisans who use white lead, a considerable amount of debility, but he observed one instance of consumption only among the above description of operatives, and in this case even, the exception was but apparent, the patient never having presented any symptom whatever referrible to the absorption of lead.

Now, Mr. Beau has inferred from the preconceived notion of a special antagonism between tuberculosis and saturnine poisoning the idea of artificially producing, for remedial purposes, an impregnation of the same nature.

It is doubtless not the first time that preparations of lead have been recommended in consumption; but the acetate of lead, prescribed by Professor Fouquier and others for the profuse perspiration and the colliquative diarrhœa in phthisis, was exhibited merely as a palliative and an astringent; Mr. Beau, on the contrary, uses the saturnine salt as an alterative, and for a curative purpose.

Five or six patients in his wards take at present Morton's pills, an arbitrary designation used for the purpose of concealing the true nature of the medicine. The real Morton's pills consist of balsamic substances. Those which are exhibited by Mr. Beau contain nothing but 2 gr. of carbonate of lead each. He begins with one pill, two are given on the second day, three on the third, and the dose is thus increased every twenty-four hours, until the manifest production of unmistakeable signs of saturnine saturation, viz. the icteritious appearance of the skin, the black border upon the gums, and analgesia. The use of the medicine is also interrupted when the patients complain of lumbago or pain in the limbs.

Among the cases in which this treatment has been instituted, we may notice two women in St. Vincent's ward. The first had fits of coughing which occasioned vomiting, and thus interfered with nutrition. The presence of tubercular disease was indicated by diminished resonance on percussion, prolonged expiration, roughness of the vesicular murmur, dry crepitus, cough and muco-purulent sputa, and of late hemoptysis, feverishness in the evening and nocturnal perspiration had been superadded. In this case saturation was readily obtained, and at the dose of three pills only, articular pains were complained of. The dose was then reduced to two pills. The patient for a few days continued uncomfortable, even after the cessation of the treatment, but her cough had left her. When she was dismissed, the expectoration had entirely ceased, and the dry crepitus above alluded to was inaudible; vomiting had been arrested, appetite was restored, the general condition of the system was improving, and in short she was in as satisfactory a state as could be desired. In the same ward we also observed the case of a governess, in a still more marked state of phthisis. An enormous excavation existed under the right clavicle, the expectoration was most abundant, and so fetid as utterly to destroy her appetite. The exhibition of the ceruse pills began on the 8th April, saturation was rapidly produced and articular pain having been developed at the dose of 6 pills, the quantity was reduced. The sputa, however, had much improved in appearance, their extreme fetidity



had vanished, and they were also much decreased in abundance.

This is a subject still undergoing investigation and assuredly deserving of the attention of clinical observers. The antagonism taken advantage of by Mr. Beau seems to present something tangible worthy of further research. Hitherto we are of course not authorized by these experiments to pronounce the word *cure*, tubercular disease not consisting merely in a muco-purulent secretion, but also in a condensation of the pulmonary tissue from deposition of morbid products. In order, therefore, to assert the possibility of complete success, a prolonged treatment, and many favourable cases would undoubtedly be indispensable. But what is even now evident is, in the first place, that the exhibition of lead requires only to be interrupted on the first appearance of the special symptoms indicating its absorption, in order to remove the toxic action; and in the second place, the beneficial influence of the medication is undeniable. It has manifestly checked the progress of the disease, it permits the practitioner to gain time, an enormous advantage in therapeutics, and it is not impossible, but that, by combining this method of treatment with a nutritious diet and the use of tonics, the patients may be placed in a state the most favourable for the complete absorption of the morbid deposits.

#### ART. 5652.

### HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

#### *Removal of an enormous fibrous and fatty cervical tumour. Cure.*

Eugénie D..., a girl aged twenty one, was admitted Nov. 16th 1858, into the Hospital of the School of Medicine, and placed in Professor Nélaton's wards, for the treatment of a large growth, situated upon the right side of the neck.

Above, the tumour reached the corresponding paroti-

dian and mastodian regions, and below, extended 2 or 3 inches beyond the collar bone; posteriorly, it spread as far as the cervical spinous processes of the vertebræ, nearly following in that direction the course of the internal border of the trapezius muscle; anteriorly, the growth stretched one inch beyond the mesial line, pushing to the left the larynx and trachea.

The size of the tumour may by approximation be compar-



ed to the volume of the head of a full grown adult, the magnitude of the growth causing the patient's head generally to incline towards the opposite shoulder. Its form was irregularly spherical, the vertical diameter being the longest and measuring eight inches; by palpitation its surface was ascertained not to be quite smooth, but slightly

lobate. No fluctuation was discernible ; the consistency of the tumour, varying in its different parts, was intermediate between that of a lipoma and of a fibrous growth. The skin was loose and sound.

Notwithstanding the considerable prominence, careful examination demonstrated that the tumour in reality lay beneath the corresponding sterno-mastoideus muscle. During its contraction, that muscle, perfectly discernible at both its attachments, was found, on the contrary, to be flattened in its intermediate part, lying closely upon the outer surface of the growth, with which it seemed to be incorporated.

As to the degree of mobility of the mass, it was found in some measure to be free from adhesion with the deep-seated parts of the cervical region, without being however entirely movable. It presented further neither throbbing nor pulsations, nor any signs whatever pointing to a vascular origin.

The anterior projection of the thyroid cartilage was forced back to the left side, to within about 10 lines of the angle of the jaw, and yet, during deglutition, the larynx and trachea moved with their usual facility without communicating any impulse to the tumour ; to the left of these organs no prominence or relief existed which might lead the observer to suspect the presence of unnatural enlargement of the corresponding lobe of the thyroid gland.

The growth was and always had been perfectly indolent and free from pain whether spontaneous or from pressure ; the patient had not suffered from head-ache, giddiness or dyspnœa, and was inconvenienced merely by the size and weight of the tumour.

The disease originated four, years and a half ago, on the middle part of the side of the neck, and its increase had been more rapid for two years ; we have been indeed enabled ourselves to judge of the augmentation during the three weeks the patient passed in the wards, and she now ardently prayed for relief.

After careful and reiterated examination, Professor Nélaton discarded the idea of a goitre limited to one side, because the tumour seemed independent of the movements of the larynx, and further because, although parenchyma-



tous bronchocele (the only variety of goitre offering the same consistency as the tumour under consideration) may, it is true, invade *unequally* the two lobes of the thyroid gland, it has never been known, particularly when it has acquired this degree of magnitude, to be entirely limited to *one lobe only*: cysts of the gland may occasionally occupy one side exclusively, but the absence of fluctuation entirely precluded the admission of the existence of a fluid in the present instance. The moderately hard consistency of the tumour, despite its rapid growth and the youth of the subject, induced Mr. Nélaton to view the case as a fibrous and not an atheromatous tumour.

Without losing sight of the hazardous character of an operation, during which it would be necessary to expose all the important organs of the right side of the neck, Mr. Nélaton foresaw that, by its further progress, the growth would shortly interfere most seriously with the functions of the neighbouring parts; and taking, therefore, this consideration into account, and at the same time the youth of the patient, the shocking character of a deformity which prevented her from any exertion, the benignant nature of the morbid structure, its slight mobility, and the possibility of a successful operation, he determined upon attempting the removal of the disease.

On the 6th of December 1858, the operation was performed according to the usual method, after inhalation of chloroform, no ligature being required.

The tumour was found to be completely surrounded with a strong cellular and fibrous sac, and was dissected out with ease and almost without loss of blood, except at its attachment, which was rather close, with the summit of the transverse process of the third and fourth cervical vertebræ. The flattened plane of the platysma myoides and the fibres of the sterno-cleido-mastoideus were discerned and in part divided on the surface of the growth; the external jugular vein was spared; with regard to the internal jugular, the carotid and subclavian arteries, the pneumogastric and phrenic nerves, the brachial and the cervical plexus, they were exposed; the large wound resulting from the operation being subsequently completely protected by cutaneous flaps carefully prepared for the purpose.

After the removal of the tumour, the patient fell into a state of lipothymy which yielded on the head being maintained in a declivous position, but returned obstinately on several occasions during more than twenty minutes. As only two or three ounces of blood had escaped, and as the operation had been painless, Mr. Nélaton was disposed



to account for this persisting syncopal condition<sup>e</sup> by the fact of the nerves of the region having been touched with the hand, or by their mere exposure, particularly as regards the pneumo-gastric and phrenic nerves.

The tumour was found to weigh  $4 \frac{1}{2}$  pounds, and to present a specific gravity lower than that of water, equivalent

to 0.95. It was entirely surrounded by a fibro-cellular cyst. A section of the morbid growth was performed at its middle for the purpose of ascertaining its structure which consisted of adipose tissue contained in numerous fibro-cellular areolæ, an arrangement productive of a degree of firmness superior to that of common lipoma, and also a paler aspect; in short, it was a fibrous and fatty tumour the structure of which might not inaptly be compared, as to outward appearance and hardness, to the dense fatty stratum under the skin of the sole of the foot or of the posterior cervical region.

On December 7th, the morning after the excision, feverishness was moderate, the pulse ranging 108. On the 9th the few sutures by which the edges of the wound had been gently approximated were removed. Fever had almost subsided on the 10th, the pulse averaging 90. On the subsequent days the suppuration gradually decreased, no matter being incarcerated, and the condition of the patient was most satisfactory. On January 6th 1859, cicatrization was complete, the patient was cured, and the movements of the neck were in nowise impeded by the linear scar.

Since the last date the cicatrix has become perfectly secure; the above engravings taken before and after the operation will permit the reader to form an opinion of the results obtained in this case.

EUGENE NÉLATON,

*Aide d'Anatomie at the School of Medicine.*

#### ART. 5653.

*Remarks on the treatment of gonorrhœa. Balsamic medication (1).*

Opportune astringent injections are in most instances sufficient to check the gonorrhœal discharge, which, it is true, has a spontaneous tendency to disappear. In some

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(1) Vid. Art. 5587, 5596, 5613, 5625 and 5637.



cases however, and not very unfrequently, astringents are inefficient, and the discharge, although modified in its nature and in its amount, continues in spite of local astringents. It persists and even increases, when this treatment is interrupted, and the disease is thus prolonged to the great anxiety of both patient and physician. To these cases which resist astringents, the balsamic medication is more peculiarly applicable. The astringent injections must then be abandoned, and in their place copaiva or cubebs must be substituted, or at least both methods should be combined.

The doses of cubebs or copaiva most generally prescribed appear to me excessive. I can only account for the exaggerated amount of these medicines, which is habitually exhibited, by the inexpedient time at which they are used. I have previously stated my opinion that, in the acute period of blenorrhagia, they are improper and injurious, and that in the puriform stage, even when the acuity of the disease has subsided, balsamics are inefficacious to check the running; and no beneficial result can then be expected, unless the remedies are persevered in for a long time, viz. until the decline of the complaint has unmistakeably set in.

It is, therefore, necessary to await patiently for this declining stage before exhibiting balsamics, and then only are they productive of benefit, whether taken alone or in combination with astringent injections. At this time, we may even venture to say that they are real specifics, so evident and so speedy is their curative action; but large doses are unnecessary, and a really advantageous issue will follow the administration of quantities relatively small, when compared with the doses generally recommended.

Under these circumstances, I merely prescribe a teaspoonful of cubebs morning and evening to be taken in half a glassful of sugar and water, or wrapped up in a wafer, and after a short time I reduce the dose to one teaspoonful in the morning, fasting. I generally prefer cubebs to copaiva, because it seems to disagree less with the stomach and bowels, and is moreover not liable to so frequent adulteration. In some patients, however, the balsam of copaiva is more efficacious and I highly ap-

prove of the combination of both drugs in one prescription, as in the following electuary :

Pip. cubeb. . . . .	2 oz.
Copaivæ. . . . .	4 dr.
Pulv. catechu. . . .	1 dr.
Confect. Rosæ. . .	Q s.

*M.*

The patient should take twice a day the size of a hazelnut of the above, in a wafer. On other occasions I divide the mass in to 80 boluses of which from four to six should be taken daily.

To summarize my opinion of a method which has been so injudiciously exaggerated, I may say that, when a discharge, which has ceased to be puriform, remains after a fortnight rebellious to diversified and proper astringent injections, then arises the great indication for the use of balsamics. Not that I would be understood to say that these drugs would be useless if exhibited concomitantly with astringents, I merely think that they should be abstained from, if the injections are successful, and that they should be considered as mere adjuvants to the local treatment,

F. CLERC, M. D.

## MEDICAL CORRESPONDENCE.

ART. 5654. PRETERNATURAL LABOUR CAUSED BY ASCITIS OF THE FÆTUS. PARACENTESIS PERFORMED THROUGH THE DIAPHRAGM. — Some few days ago a case of preternatural labour came under my notice, the details of which will perhaps not be considered wholly uninteresting. On the 7th of March last, a lady, aged thirty four, who had previously given birth to two children was again on the eve of parturition. Although pregnancy had not reached its full period, the size of the womb was the same as that of the gravid viscus at the ninth month. Labour progressed favourably at first; the head descended into the pelvis and cleared the outlet together with one arm. A skilled midwife, who was in attendance, performed a few tractions, but meeting with difficulties due to some unknown cause, summoned me to her assistance after one hour of fruitless efforts.

On my arrival I conceived that the resistance was occasioned by the shoulder and arm retained in the pelvis, and I proceeded to disengage them; I followed up this operation by fresh tractions upon the head and both arms, but still in vain, and I was compelled to acknowledge that the

difficulty experienced resided in some disease or deformity inherent to the foetus.

The child was alive at the period of the exit of the head, but soon died, and thus all objection to further measures was removed. In the supposition of hydrothorax, I introduced into an intercostal space the point of a bistoury protected with a linen covering to within 7 lines of its extremity, which I guided along my left fore-finger. No liquid however escaped, a fact which I had foreseen from the absence of distension of the intercostal groove. The dropsy occupied the peritoneal cavity. I therefore sent for a common trochar, and inserting it into the wound of the thoracic walls, I passed the instrument, better adapted to my purpose than the former, through the respiratory organs and the diaphragm. I experienced immediately the sensation of having overcome some resistance, and a stream of lemon-coloured fluid escaped at the same time from the canula. About a quart of fluid was thus removed, the abdomen contained nearly twice that amount, but by gentle tractions the extraction of the foetus was readily effected.

Doubtless, had the pelvic extremity presented, labour would have been shorter and less tedious, inasmuch as the obstacle would have been much easily discovered and overcome. I may, however add, that despite the distressing manœuvres, and the protracted anxiety, which had exhausted the patient, she returned after delivery to the natural conditions of the puerperal state, and now preserves but a vague recollection of the great perils she encountered.

ED. CATRICE, M. D.,

*Physician of the Asylums of Aire (Pas-de-Calais).*

## SCIENTIFIC MISCELLANEA.

ART. 5655. CROUP; EARLY PERFORMANCE OF TRACHEOTOMY; SESQUICHLORIDE OF IRON AND BARK IN THE AFTER-TREATMENT. — When we reflect that at Saint-Eugénie Hospital out of sixty children, upon whom tracheotomy has been performed for croupal diphtheria since November last, five only have been saved, and that the same result has followed whenever the cases have not been picked out for operation, we may well inquire what favourable circumstances will in future be requisite for success. Now the following case we select in preference to others of an analogous nature, because we have been enabled to watch it attentively; it appears to us to show conspicuously the superiority of tracheotomy performed at an early stage of the disease, and to demonstrate the salutary influence of bark and iron upon the progress of the malady, subsequently to the prompt reestablishment of respiration. The case is that of a little girl, aged three years and a half, who was operated upon on March 25th by Dr. Alphonse Amussat in one of the suburbs of the city of Paris.

The child in question had complained of sore throat on the evening of



the 19th. On the 20th, Dr. Mouillon, the physician in attendance, noticed upon the tonsils patches of diphtheria, which he cauterized with a brush impregnated with a solution of nitrate of silver. On the 21st the patient seemed to have improved, and a dose of castor oil was exhibited. No change was observed on the 22nd, but on the 23rd a paroxysm of croupal cough having occurred, an emetic was prescribed. This remedy was repeated on the 24th, the fauces were cauterized, small doses of calomel were given, frictions with mercurial ointment were made upon the anterior part of the neck, and a mixture administered containing one drachm of chlorate of potash. At 5 o'clock the same evening Mr. Blache recommended the use of the sirup of sesquichloride of iron. At nine in the evening, Dr. Aubrun advised the exhibition every ten minutes of a tea-spoonful of a solution of 25 minims of perchloride of iron in a glass of water. Despite these measures, respiration became more difficult, and on the 25th, without awaiting the further progress of asphyxia, Dr. Amussat performed tracheotomy.

On the following day, diphtheria had already invaded the wound below the canula. Mesrs. Amussat and Aubrun returned to the solution above indicated, mixed with equal parts of a sirup of sesquichloride of iron composed as follows :

R. Ferri sesquichloridi. . . . 1  $\frac{1}{2}$  dr.  
Sirupi. . . . . 3  $\frac{1}{4}$  oz.

An enema with the salt of iron was also exhibited, and on the very same day the patient was enabled to take two cups of bread and milk. During the next three days, the improvement was gradual, each day 6  $\frac{1}{2}$  oz. of the syr. of perchloride were given and the amount of food was progressively increased. The canula was removed on the 31st, the neck being surrounded merely by a tulle neck-tye. On the 7th of April the wound was healed and the child could speak, eat and drink with perfect ease. As however a whitish patch was still discernible upon the left tonsil, as a suspicious oozing proceeded from the vagina, and as the urine was albuminous, we recommended painting the throat and vulva with glycerine, and as a tonic each morning a cupful of the infusion of sweet acorns edulcorated and mixed with milk, and also a tea-spoonful of the following mixture which Mr. Guersant prescribes with benefit in low fevers and in the case of much debilitated children :

R. Extr. cinchon. moll. (prepared by decoction) . . . 1 dr.  
Aquæ. . . . . 1 oz.  
M.

Under the combined influence of this treatment and of appropriate diet, the local symptoms yielded, the urine returned to its natural standard, and the child entirely recovered her strength. It is therefore admissible, as Dr. Amussat remarked, that, if at the outset of the disease its manifestations are met by the tonic action of sesquichloride of iron and of cinchona, and if the operation is performed at an early, or, to use Mr. Barth's expression, at the opportune period, the mortality of tracheotomy would be

less in the epidemics of croup, which seem to assume every day a more fatal character (1).

ART. 5656. ULCEROUS STOMATITIS IN THE ARMY; CHLORATE OF POTASH IN MILITARY HOSPITALS. — Ulcerous stomatitis, which almost exclusively occurs in private practice among pauper children and more especially when they are collected together in hospitals, asylums, and workhouses, is also far from uncommon among our young soldiers. In consequence of exceptional circumstances caused by the Crimean war, several physicians attached to the civil hospitals were entrusted in 1855 with medical wards in the military hospitals of Paris. Mr. Bergeron occupied one of these temporary situations, and to that circumstance we are indebted for an excellent Memoir on ulcerous stomatitis in soldiers, and its identity with the peculiar stomatitis of children which has been called ulcero-membranous (2).

In his wards at the Hospital du Roule, Dr. Bergeron was much struck with the frequency of ulcerous inflammation of the mouth among the garrison of Paris, at that time, the disease chiefly attacking recruits. The development of the affection was clearly under the influence of hygienic circumstances, a fact proved by the privates being more subject to it than non-commissioned officers, and the latter far more than officers. As

(1). Dr. Aubrun, whose name occurs in the course of the present article, in a communication to the *Société médico-pratique de Paris*, relative to the treatment of diphtheria, described his mode of exhibiting sesquichloride of iron in that formidable affection.

Dr. Aubrun considers the general character of the disease as an admitted fact, and attaches therefore but little importance to energetic cauterizations, which appear to him open to many objections. Taking into very slight account the local symptoms, he directs his medication to the improvement of the general condition of the patient. Thus, he has been led to exhibit to the cases of diphtheria under his care the fluid sesquichloride of iron in the dose of ten or twelve drops in a glass of water. The patients drink this solution at will, and when they have finished one glass, another is prepared, so that 100 or 120 drops of the ferruginous liquid are taken in the 24 hours. He relies solely upon this treatment. Two brothers both attacked with general diphtheria, with albuminous urine and tumefied cervical glands recovered, against the expectation of an eminent consulting physician to whom the efficacy of the perchloride of iron in such cases was not known. This medicine is a tonic by which the weakened system is rapidly revived, and the depressed vital powers reanimated; it is not only therefore, according to Mr. Aubrun, a remedy applicable to diphtheria, but to all cases of severe illness where the system needs support; thus, for instance, it rendered the utmost service in a recent case of sporadic cholera occurring in a man aged 72, who was on the point of sinking in the period of typhoid reaction.

(2) A pamphlet 8vo. Labé, publisher.

causes of the malady Dr. Bergeron indicates the want of variety of the food, the insufficiency of the regulation supply of spirits, crowding, and as an agent of propagation, contagion. He also ascertained that suppuration within the alveoli constitutes a local predisposition to this specific form of stomatitis.

From Mr. Bergeron's interesting researches we also gather the following singular and unexpected fact, viz. that the disease is all but unknown in the navy, and that it has been observed neither as an endemic nor as an epidemic affection in the armies of Great-Britain, Austria, Denmark, Egypt, Holland, Naples, Prussia, Sardinia, Saxony, Sweden, Tunis, or Wurtemberg; that, moreover, it is almost as frequent in the Portuguese army as in the French land-forces, and that it occasionally is met with in the Belgian troops.

Endemo-epidemic stomatitis is anatomically distinguished by ulcerations of various form and extent, chiefly occupying the gums and inner aspect of the cheeks, but which may invade any part of the mucous surface of the mouth, and by enlargement of the sub-maxillary or cervical glands. These changes are invariably attended with much pain, abundant salivation and extreme fetor of breath. Ulcerous stomatitis has nothing in common with diphtheria, and differs fundamentally from *gangrene of the mouth*, *phagedenic sores*, or scurvy; it is entirely identical with the buccal inflammation of children which has received the denomination of *ulcero-membranous stomatitis*.

When properly treated, this disorder terminates favourably in ten days, whereas, if abandoned to nature, it may last as much as three months, and is therefore deserving in the highest degree of the attention of the profession.

The most rapidly efficacious method of treatment, the safest and at the same time the least troublesome, consists, in the present state of science, in the exhibition of chlorate of potash, preceded or not by an emetic. The chlorate being however not very soluble in cold water, and being liable to deposit, if merely added to the *mistura acaciæ*, it, occurred to, Mr. Vial, chief apothecary of the hospital of the Roule, to prepare a warm solution at  $\frac{1}{20}$ th, to be added to the excipient; thus Mr. Bergeron's prescription consisted of:

R. Mist. acaciæ. . . . . 12 dr.  
Solut. potassæ chloratis. . . . 16 dr.

to be taken in four doses at intervals of three hours. When, after six or seven days' treatment and gradual improvement, the reparative action was suspended, the dose of the solution of chlorate was increased to 3 oz., and if no beneficial results followed this augmentation, the exhibition of the chlorate of potash was temporarily interrupted and the dry chloride of lime substituted; in most instances, however, a speedy cure resulted from the use of the chlorate alone. The great benefit conferred upon the army, by the introduction of this substance into medical practice in military hospitals, from Mr. Bergeron's felicitous applications, is obvious. Of course, in order to check the development of the disease and rid our



regiments of this endemo-epidemic affection, hygiene must interfere, and it is by improvements in the food, in the repartition of duty, and chiefly in barrack-accommodation, that Mr. Bergeron deems this end may be attained. While looking forward to the realization of these reforms, perhaps it might be possible, by some simple measures, greatly to diminish the chances of propagation of ulcerous stomatitis. Mr. Bergeron expresses the opinion that soldiers should be compelled to submit to examination of the cavity of the mouth, and that, when the presence of the disease is duly ascertained, the patients should be isolated and placed under the influence of the chlorate of potash medication. Mr. Bergeron also suggests that, instead of merely requiring that a tooth-brush should form part of the soldier's necessaries, a good thing of course, he should be under the further obligation of using it with the same punctuality observed in the performance of ablutions upon the head and hands which are at all times strictly enforced.

ART. 5657. VAGINITIS AND SUPERFICIAL INFLAMMATION OF THE CERVIX UTERI; TANNIN OINTMENT. — We have on more than one occasion mentioned the medicated pledgets which Professor Trousseau substitutes for the generally inefficient injections prescribed in diseases of the womb or the vagina. A surgeon of the hospital of Lourcine, Mr. Foucher, has obtained most advantageous results in vaginitis and superficial affections of the cervix from a tannin ointment conveyed upon the seat of disease, with the above pledgets. According to the *Bulletin de thérapeutique*, the following is the formula of his ointment :

Ac. tannici. . . . .	2 dr.
Adipis . . . . .	12 dr.

Mr. Foucher inserts into the vagina a tent thickly lubricated with this preparation, and leaves it for 12 or 24 hours; when it has been withdrawn, an injection is made to cleanse the parts, and a similar pledget is again introduced, this plan being persevered in until a cure is effected. The local application can be made by the patient herself, and with the assistance of a thread ligature she can easily withdraw the plugging. The inflamed surfaces are thus kept asunder, the ointment obviates the too rapid impregnation of the tent, and the action of the tannin is prolonged in the most advantageous manner.

## PRESCRIPTIONS AND FORMULAS.

ART. 5658. ECLAMPSIA IN CHILDREN; ANTISPASMODIC POWDER. — Mr. Monod, surgeon to the municipal private hospital, frequently recommends for children suffering from convulsions connected with teething the

following powder, the efficacy of which we have ourselves more than once tested with at least apparent benefit :

R. Zinci oxydi. . . . . 24 gr.  
 Saccholactin . . . . . 16 gr.

Triturate and divide into eighteen powders, three of which should be taken daily during the period of dental evolution coincident with the eclampsia.

ART. 5659. BOUTIGNY'S ANTILYMPHATIC WINE. — We extract from the *Répertoire de Pharmacie* the following formula for the preparation of the antilymphatic wine of Mr. Boutigny (of Evreux) :

R. Saccharis nasturtii. . . . . }  
 Alcohol rectif (36°). . . . . } à 4 gr.  
 Cinchon. cinereæ dedolatae. }

Add the phosphate of lime arising from the decomposition of 16 gr. of chloride of calcium dissolved in water and poured drop by drop into a solution of 24 gr. of neutral phosphate of soda.

Aurantii corticis. . . . . 1 ½ dr.  
 Vini albi gallici . . . . . 2 pints.

Macerate for a week with frequent agitation, and filter.

ART. 5660. SOLUTION FOR DYSMENORRHOEA. — We find in the *Revue de thérapeutique médico-chirurgicale* a prescription extracted from the *Southern Med. and Surgical Journal*, and recommended by Professor Fenner of New-Orleans, for dysmenorrhœa in young persons. That practitioner prescribes in sugar and water one tea-spoonful of the following solution every two hours, until the pains have yielded :

R. Spirit. camphoræ. . . . . 3 dr.  
 Chloroformyl. . . . . 2 dr.  
 Tinct. opii . . . . . 1 dr.

M.

## ART. 5661.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — At the opening of the meeting of 9th May, the President, Mr. de Sénarmont, communicated to the Academy the melancholy intelligence of the loss sustained among their foreign associates.

The father of the savants of Europe, Baron von Humboldt terminated, on the 5th May last, a long life, entirely devoted to science. What the learned world is indebted to Baron von Humboldt will never be forgotten, especially in France. Years had not cooled his ardour, and the Academy, which held a place in his last thoughts, must ever preserve his memory.

— We noticed in our first article the obstacle presented by the volume of the tongue to the admission of air into the air-passages caused in individuals in a state of deep anæsthesia caused by chloroform. Mr. C. Després, whose name we mentioned on this occasion, presented to the Academy a short communication in which, after having made some remarks on suspension of respiration as a cause of the fatal accidents observed in chloroformic anæsthesia, he explained the mechanism of occlusion of the superior aperture of the larynx and described the procedure he uses to obviate this circumstance.

“ The action of chloroform, ” said he, “ may be divided into periods : 1. of repulsion, 2. of excitement or convulsive action, 3. of collapse. Suspension of respiration is a phenomenon which may manifest itself in each period. When it occurs, its causes are : during the first period, the voluntary closure of the glottis, which the patient instinctively shuts to avoid the disagreeable sensation occasioned by the first inspiration of the vapours of chloroform ; in the second period, convulsive and involuntary occlusion of the glottis, induced by the muscular contraction, which characterizes this stage, a contraction which extends from the general muscular system to the muscles of the glottis ; in the third period, the mechanical and involuntary closure of the superior aperture of the larynx, obstructed by the retraction of the tongue, when chloroform is administered to the patient sitting or by the prolapsus of the base of the tongue upon that orifice, when the anæsthetic is exhibited to the patient in a recumbent attitude.

“ I remedy suspension of respiration by means of a process which consists in introducing the fore-finger into the fauces as far as the base of the epiglottis, bending the finger in the shape of a hook for the purpose of raising the basis of the tongue and bringing it upward and forward in the direction of a line drawn from the base of the epiglottis to the upper part of the symphysis of the chin. ”

ACADEMY OF MEDICINE. — The Perpetual Secretary read two letters, one from the Minister of Public Instruction, the other from the Minister of Justice, acknowledging the receipt of a copy of the Report read to the Academy by Mr. Velpeau on the experiments made in his wards at the Hospital of La Charité by Mr. Vries.

The Minister of Justice announces “ that he is about to concert with the Minister of Public Instruction on the measures it may be expedient to take under the circumstances. ”

— Mr. Blache read a report on a communication by Mr. Jacquez en-



titled : *On the use of cotton as an infallible hemostatic in hemorrhage caused by leech-bites.*

“ The hemostatic property of cotton, ” said Mr. Blache, “ appears essentially mechanical in Mr. Jacquez’s procedure. With agaric or lint, the same result may almost always be attained. Cotton is not infallible, and its action cannot be compared to that of perchloride of iron, which, in the case in question, leaves nothing to be desired. ”

— Mr. Marc d’Espine read in the name of the Society of Medicine of Geneva, whose delegate he is, a summary account of his investigations on the epidemic of small-pox, prevalent in the canton of Geneva since the month of March 1855.

After having enumerated the various characteristics of this epidemic, which do not materially differ from those observed elsewhere, Mr. Marc d’Espine pointed out the hemorrhagic form which it assumed in all the localities visited by the epidemic.

“ The hemorrhagic form of variola, ” said Mr. Marc d’Espine, “ presented itself on all points of the basin of Lake Lemman, where the disease was observed ; but the frequency of hemorrhagic cases varied according to the localities, and it was most considerable in the canton of Geneva. It was twice as severe in the unvaccinated as in vaccinated persons.

“ Discarding the very mild instances and comparing on both sides the serious cases only, hemorrhagic variola was more prevalent among the vaccinated ; and in computing the mortality, we find 23 per cent of deaths among the unvaccinated affected with the hemorrhagic form, and 65 per cent among the vaccinated.

“ The hemorrhagic form showed itself frequent in the vaccinated principally between the ages of 20 and 40. ”

— Mr. Vernois, a member of the Board of Health and candidate for the vacant seat in the section of hygiene, read a paper entitled : *Memoir on accidents produced by the use of arsenical greens among artificial flower-makers in general, and among dressers of muslin for artificial flowers in particular. Hygienic process for rendering this trade healthy by a method which admits of the use of arsenical green without danger to the workman or the consumer.*

After having briefly sketched the investigations relative to the dangers of arsenical greens, the author entered into a detail of the particular operations, in which artificial flower-makers use the colours. Among these operations we notice *steeping*, which splashes the fingers, the fore-arms, the face and clothes of workmen ; *powdering*, during which the colouring matter, not having been fixed by any mordant, detaches in the form of fine dust, which penetrates the skin of the hands and which the workman constantly inhales ; the preparation of the paste, a continual dabbling with the hand, during which the fingers and the fore-arms are covered with arsenical solution ; but principally in *drying*, an almost inevitable accident is developed. The stuff is fixed on wooden frames, with a row of sharp brads placed very close to each other and which prick the fingers and the hands of the workpeople. Those wounds give rise to the constant

and reiterated inoculation of the arsenical salt. After the dresser, comes the calenderer, who polishes the cloth, which the manufacturer subsequently cuts up in sheets. These are divided, gauffred, etc. In all this series of manipulations, the hands of the workmen are covered with arsenical paste or dust, obstinate ulcers appear on the fingers of the dressers, and all those engaged in making up bouquets constantly inhale a poisonous dust.

But as Mr. Vernois has expressed it, we should not endeavour to proscriber insalubrious trades but rather find means to neutralize their dangers. Such is, in fact, the true object of hygiene; and for the use of arsenical greens a process of fabrication exists, which may render innocuous artificial flower-making. For this process we are indebted to Mr. Bérard Touzelin, of Paris, and it consists in incorporating the colouring matter, previously pulverized with a grind-stone, in collodion containing 75 per cent of gun-cotton. Thus prepared, the coating is no longer liable to peel off or to fall into dust.

— Dr. Parise presented a patient, on whom he had performed the amputation of both the superior maxillary bones for the removal of a cancerous tumour. Mr. Parise especially called the attention of the Academy to the mechanism by which, in this subject, the articulation of sounds is produced and likewise the deglutition of food and of beverage. The upper lip, no longer able to perform its function for want of its bony support, has its place supplied by the nose, which for that purpose fits in with the under lip. The patient utters a few words distinctly, but with a strong nasal sound.

— In a letter, dated October 25 th., 1858, the Minister of Algeria, Commerce and Public Works laid before the Academy the two following questions :

1. Are secondary syphilitic symptoms contagious?
2. In respect to contagion, are these symptoms governed by the same laws in children at the breast as in the adult?

The investigation of the above questions, suggested by Mr. Auzias-Turenne was entrusted to a committee consisting of Messrs. Velpeau, Ricord, Devergie, Depaul and Gibert, and the result of these gentlemen's researches was exposed in a report read before the Academy by Mr. Gibert, at its meeting of May 21st.

The problems propounded to the Academy, interesting both medical practice and medical jurisprudence, have for a long time received from the profession an affirmative answer; but, according to the learned reporter, they had been rendered more intricate at the close of the last century by Hunter's denegations and experiments, and their solution was still further obscured at our own period by an experimental system tending to alter, agreeably to the results of *artificial inoculation*, the generally admitted doctrines relating to the pathology of syphilis. The contagious property of secondary symptoms had been at last doubted and even altogether denied by several physicians belonging to the modern school, although

the friends of the old doctrines, resting their arguments, almost exclusively, it is true, upon clinical observation, persevered in their endeavours to preserve for clinical facts their supremacy over the laws promulgated by the innovators.

Mr. Gibert, himself, in his *Manual of venereal diseases*, published in 1838, had collected a certain number of cases tending to prove the transmissibility of the secondary symptoms of syphilis from a diseased to a healthy subject, from the child to the nurse, and vice versâ.

New cases have since that period been recorded, and have established beyond the possibility of contradiction that not only the secondary or constitutional symptoms of syphilis are contagious (at least in certain circumstances), but moreover, in opposition with one of the new laws, that artificial inoculation (by means of the lancet, blisters, or other methods) has the power of reproducing these symptoms on a sound part of the person of an infected individual, and further on a perfectly healthy subject. Thus *condylomata*, or mucous tubercles, *syphilitic ecthyma*, *even ulcerated sore-throat*, have been inoculated by experimentalists, whose skill and honour are above suspicion, and under circumstances which leave no room for doubt.

Despite his deep-rooted aversion to inoculation, Mr. Gibert thought himself authorized, in the interest of science, to repeat the experiments previously instituted by Wallace, Walles, Rinecker, by Messrs. Velpeau, Vidal, Bouley, etc., and like these gentlemen he has come to the following conclusions, which, in 1852, had already been arrived at by Dr. Rinecker:

" 1. The local manifestations consequent upon the inoculation of secondary symptoms never appear before the close of the second week, and in general are not perceptible before the end of the fourth, the prolonged duration of the incubation being a characteristic fact.

" 2. The first change observable after inoculation always occurs in the spot where the operation has been performed, remaining for some time confined to that situation; its progress is essentially chronic, to the degree that, when no treatment has been instituted, the local symptom still persists at the period of the appearance of the general disorder.

" 3. The local affection assumes the shape of condylomata, or mucous tubercles, which ulcerate after a time, are liable to throw out granulations, and generally occasion tumefaction of the lymphatic glands.

" 4. The general symptoms seldom show themselves before the lapse of one month, and often at a far more distant period from the manifestation of the first local appearances. "

Now, all these features are characteristic of secondary syphilis and differ altogether from those assigned to primary infection, whether spontaneous or inoculated, and alone would prove the contested contagiousness of secondary symptoms. Thus, said Mr. Gibert, the adversaries of contagion maintain that chancre is always the only characteristic symptom of incipient syphilis; that the typical primary sore, the *indurated or infecting chancre*, as it is now called, is an ulcer consequent upon a pustule the evolution of which has not been preceded by any period of incubation; that this ulcer becomes more or less rapidly indurated, but always in the



first week after exposure to the disease. Thus, the absence of incubation, a pustular elementary form, ulceration and consequent induration are, according to Mr. Ricord, the characteristics of primary chancre; whereas an incubation of eighteen, twenty days and more, at first a papular and subsequently a tubercular form and finally a scabby ulcerous aspect,... such are the characteristics of the secondary or constitutional symptom.

It is true that an eminent surgeon of the city of Lyons, Mr. Rollet, differing altogether in this respect from Mr. Ricord, considers the secondary, like the primary symptom, as an indurated chancre. But Mr. Gibert's opinion, concurring with Mr. Auzias-Turenne's views, is that, whenever in the progress and appearance of the local symptom complete analogy has seemed to exist between the *primary indurated sore* and the secondary ulcer, the observer has been misled by preconceived notions, and what has been taken for primary symptoms were local lesions due to the communication of secondary syphilis, which direct experiment has shown to be contagious.

The reporter here described the experiments instituted by himself and Mr. Auzias-Turenne, which were witnessed by several members of the committee and by three physicians of the hospital Saint-Louis, Messrs. Bazin, Devergie and Hardy. Mr. Gibert avers that these experiments must in future remove all doubt as to the contagiousness of secondary syphilis.

In conclusion, the reporter moved that the two following answers to the questions upon which the opinion of the Academy was sought be forwarded to the minister :

1. Some secondary syphilitic symptoms are unquestionably contagious, and the most evidently transmissible is the mucous papule or flat tubercle.
2. This rule applies to the nurse and nursing no less than to other subjects, and there is no reason for the supposition that in children at the breast such symptoms are endowed with properties different from those they are known to possess in the adult.

We regret that want of space should prevent us from reporting the debate which followed the communication of the above report. We will merely notice the fact that, at the end of a clear and straight-forward address, Mr. Ricord declared that some of the doubts which he had formerly entertained on the subject of the contagiousness of secondary syphilis had been removed by experiments, which he himself always had been reluctant to perform; and the Academy adopted by a small majority the conclusions of the report.

—We noticed in our April number Dr. Deville's *statistical researches on the effects of ergot of rye in parturition*. M. Danyau, on whom devolved the duty of reporting upon this Memoir, shares to a certain extent the author's opinions as to the dangers, which may arise from the inopportune exhibition of the ergot; but he pointed out several deficiencies in Dr. Deville's paper, which invalidate the conclusions he has come to, or at least render it desirable that they should undergo revision.

"We cannot," said Mr. Danyau, "be suspected of predilection for the use of *secale cornutum*, and yet it is impossible for us to consider the

learned author's statistics as affording a peremptory demonstration of the bad effects of that drug.

“ Thus it has been quite impossible for Mr. Deville to be accurately informed of all the circumstances attending labour, in the cases he has adduced. Is he in a position to state whether the mothers were primiparous or multiparous, whether the presentation (admitting it to have been always that of the head) was regular; can he describe the exact condition of the os uteri, the nature of the contractions, and especially the state of the foetal circulation before the exhibition of the ergot? Can he supply us with any knowledge as to the changes occurring in the action of the womb, or in the sounds of the heart of the foetus, after the ingestion of the medicine, or as to the time which elapsed between such ingestion and the birth of the child, and as to the condition of the latter immediately after expulsion? ”

“ Mr. Deville's statistics, not being based upon cases observed by himself, are naturally deficient in all these essential details. The information derived by him from the persons present are necessarily of an incomplete and unsatisfactory character. ”

Mr. Danyau then objected to the elimination, which Mr. Deville had thought proper to make of several categories of patients. Thus “ in cases in which a physical or mental shock undergone by the mother, a presentation of the nates or of the feet, turning rendered necessary by an improper position of the foetus, the occurrence of twins, the application of the forceps, crotchet or lever, might plausibly be referred to as causes of death; is Mr. Deville very certain that, at any period of labour, the use of ergot, at a time when the child was still living, may not have had a considerable share in the result? ”

After reviewing a certain number of Mr. Deville's cases, and pointed out the desiderata, Mr. Danyau expressed some regret that the author did not describe the signs by which he distinguishes the death of the foetus when caused by the ergot, from fatal asphyxia referrible to other causes. Mr. Danyau acknowledged his own ignorance on the subject, and adverted in general terms to the dangers resulting from the administration of the ergot. On this point he entirely agreed with Dr. Deville; but this conformity of opinion was not such as to permit him to accept the documents clearly insufficient and vague, upon which the statistics alluded to are grounded. The instances brought forward were however of such a nature as to justify useful recommendations from administrative authority, though not restrictive measures which the present state of the law, and the interest of the patients alike combine in a certain degree to prohibit.

— At the same meeting, and by a coincidence productive of a singular contrast, Mr. Danyau read another report on a paper communicated some years since to the Academy by Mr. Chrestien of Montpellier, in which the author professes to demonstrate the perfect innocuity and beneficial action of ergot of rye during labour.

In the first part, ten detailed cases are reported. In the second

Mr. Chrestien proves, what no one is disposed to doubt, that before the discovery of the special virtues of *secale cornutum*, the child perished sometimes during parturition, and that even now the same untoward consequence is observed without the ergot having been administered.

In a space of 23 years, out of 1300 accouchements, Mr. Chrestien exhibited the ergot 29 times for the purpose of hastening delivery; now among these 29 cases, one case of death occurred during labour, an instance of apparent death was observed which, in spite of a temporary restoration, was ultimately followed by real death, and finally, in one instance, apparent death was followed by definitive return to life. If in four cases, in which the ergot was given without success, no bad results were observed, Mr. Chrestien accounts for the fact by the innocuity of the medicine, whereas others would interpret such facts by the circumstance of the uterine contractions not being always produced by the ergot, and by their comparatively short duration.

The reporter is not, therefore, of opinion that Mr. Chrestien has completely succeeded in establishing the innocuity of ergot, which was the point in question. As to its beneficial effects in a certain number of well indicated circumstances, they can form the object of doubt to no one.

— Mr. Bouchut exhibited to the Academy an anatomical preparation relative to ulcers of the tongue in whooping-cough. At the lower part of the tongue, on a level with the *frænum* is displayed a transverse sore measuring three lines by two. Its fundus is formed by the fibres of the *lingualis* muscle on the surface of which the terminal fibres of the *hypoglossal* nerve can be described. The child died of tubercular disease.

## ART. 5662.

### BIBLIOGRAPHY.

*Précis théorique et pratique de l'art des accouchements* (Theoretical and practical epitome of the obstetric art) by Professor Scanzoni; translated from the German by Paul Picard, M. D. (1).

This little volume is the epitome of a large work by Mr. Scanzoni, Professor of obstetrics at the University of Würzburg. The celebrity which the author has acquired as a professor and a practitioner explains the favour with which this manual has been received on the other side of the Rhine. Will Mr. Picard's translation be as successful in France? We hope so for the sake of our young fellow-countryman, but it occurs to us, that sufficient motives do not exist for his undertaking. In a country where every practitioner, engaged in obstetric practice, is in possession of the excellent treatises of Mr. Chailly, and Mr. Cazeaux, the manuals of

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(1) 1 vol. 18 nos with 111 figures. Victor Masson.



Messrs. Naegelé and Jacquemier, the necessity for a new work treating on the same subject is not imperiously felt. However, we must do this justice to the translators of foreign works that they tend to assimilate nations, to draw them in a closer bond of union, and that they promulgate doctrines and a line of practice, which, without them, would remain unknown to a great number of persons. It is from this point of view that we must regard Mr. Picard's work. In perusing this little book, we do not at first perceive anything which excites curiosity, but on attentively reading the different parts, we meet with descriptions which awaken interest, with judgments the justice of which strike the mind, and with precepts bearing the stamp of originality.

Thus, in the too common case of apparent death in new-born infants, Mr. Scanzoni points out with the confidence inspired by long practice the efficacy of alternate immersions in hot and cold water.

"However hopeless," he says, "the state of the new-born child may appear, we must never neglect to resort with perseverance to the means most conducive to promote respiration. They have been frequently crowned with success, even after an hour employed in varied efforts.

In the gravest form the alternate and abrupt application of cold and heat to the surface must be considered one of the stimulants best calculated to arouse the sensibility of the nervous centres. For that purpose the infant is plunged in a warm bath, and then in a cold one; it is plentifully sprinkled with cold and immediately after with warm water; flagellation with the hand is resorted to, as also frictions, alternate pressure on the parietes of the chest, insufflation from mouth to mouth or performed by means of the laryngeal tube, etc.... But even when the return to life has been manifested by a scream, it is necessary to insist on the continuation of some of the simple means above noticed: the child is wrapped in warm coverings, and a few drops of aromatized sugar and water, etc. are dropped into its mouth."

It must not be forgotten that the weakness of the contractions during parturition continues during and after delivery.

Hemorrhage may therefore ensue; the life of the child is often imperilled by prolonged pressure upon the umbilical cord; the ulterior effects of child-birth arise also from the want of energy in the uterine contractions during labour. The remains of the ovum putrify, the coagula, etc. are expelled but slowly and incompletely, the dilated blood-vessels of the parietes contract insufficiently, and these causes produce flooding, puerperal endometritis, phlebitis, lymphitis, etc. In order to obviate the inertness of the uterus, it is sometimes sufficient to prescribe a change of position, walking exercise, lying on the side. "In this case we have observed," says Mr. Scanzoni, "the best effects from good, light wine given in small doses." The most active means employed to promote labour-pains, are stimulants of various nature; Mr. Scanzoni gives the preference to spurred rye, especially for the purpose of preventing hemorrhage consequent on parturition and delivery. But he does not disregard the dangerous influence of this medicine on the life of the fœtus. "We have never seen," he says, "ergot of rye exercise a pernicious action on

the mother's life, but we do not conceal the fact that the smallest doses, given without the requisite precautions, may endanger the life of the child. Hence the rule we lay down to give the ergot in cases only in which delivery can be effected in a very short time after the medicine has been exhibited. *Secale cornutum* is contra-indicated whenever the external orifice is not sufficiently dilated to allow, in case of need, of instrumental labour. " When the powdered ergot causes distaste or vomiting, Mr. Scanzoni administers it in an infusion : in a dose of 1 dr. to 8 oz. of water.

Our readers are aware how many remedies have been prescribed for spasmodic contraction of the womb and for painful rigidity of the cervix. After enumerating these medicines and remarking amongst others upon the inefficacy of belladonna, Mr. Scanzoni does not hesitate to say : " We infer that, in these cases, it is trifling with human life to deviate from the three remedies we have recommended above viz., bleeding, opium and baths. "

We cannot pass over in silence, in this brief review, the preference which Mr. Scanzoni, in common with several eminent German accoucheurs, thinks should be given to the trepan over the scissors in the perforation of the skull.

The trepan used by the Würzburg professor is an instrument invented by Leissnig, and modified by Kilian. " With the scissors, " says Mr. Scanzoni, " it is difficult to avoid slipping, and thus endanger the soft parts ; scissors can be used only when the head is firmly fixed.... This instrument divides the part longitudinally, and the aperture is insufficient, unless enlarged by lateral incisions, or may require the extraction of several fragments of bone. The trepan is provided with a screw perforator by which a firm hold can be obtained on the bones of the head, even when it is not fixed, and which penetrates into the interior in less than a minute ; no splinters of bone are produced, and the soft parts can be protected from injury by a careful performance of the operation. "

The advantages of the trepan perforator appear too positive to doubt of this instrument being promptly adopted in France, and Mr. Picard, should he have had but the good fortune of introducing it into our practice by the publication of his translation, may deem himself happy to have thus promoted the progress of obstetric surgery.

ART. 5663. — *Recherches sur l'Anatomie du poumon chez l'homme.* (Investigations on the anatomy of the lungs in man) by Dr. Léon Lefort, professor to the Faculty of Medicine of Paris (1). — *Recherches sur la circulation du sang à l'état physiologique et dans les maladies.* (Investigations on the circulation of the blood in health and in disease) by Dr. E. J. Marey, late house-surgeon to the Hospitals (2).

We unite in one article our notice of these two publications, which are

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(2) Inaugural thesis for the degrees of M. D. Paris.

(1) 8vo pamphlet of 130 pages with plates. Adrien Delahaye.

addressed less to practitioners than to the learned desirous of profound investigation into the mysteries of anatomy and physiology, with a view to the benefit of medical science.

To those who apply themselves to the study of our textures, Mr. Lefort's work presents some valuable indications; for not only does it contain the result of his investigations on the anatomy of the lungs, but also a description of his mode of proceeding in those investigations, and consequently the means of testing, and, if necessary, of prosecuting his experiments. With a few restrictions, Mr. Lefort adopts the areolar structure, in imitation of Magendie, of Mr. Cruveilhier, of Messrs. Mandl, Rossignol, Reiney, etc., instead of the vesicular structure, generally admitted in France. After having demonstrated and set forth, with the aid of well-executed engravings, the existence of the muscular fibres, and that of the double circulation in the respiratory system, the author concludes his task by anatomo-pathological considerations on vesicular emphysema and on inflammatory lesions of the lungs and bronchi.

Mr. Marey's thesis purposes demonstrating that the progress of the blood in the circulation is effected in virtue of two properties inherent in the blood-vessels, *elasticity* and *contractility*. From experiments, instituted by the author on vascular elasticity, it would appear that the strength of arterial pulsation does not ordinarily express the power exerted by the heart; the intensity of pulsation increases whenever arterial tension diminishes. Souffle in the heart at the orifice of the aorta and those murmurs which are ascertained to proceed from the arterial system, and likewise the corresponding variations of the pulse, are produced by the *weakness of arterial tension*. Arterial tension is below its normal average in consequence of the more easy passage of arterial blood into the veins. In chlorosis and cachexia this passage is facilitated by the too great fluidity of the blood; in fever and phlegmasia by the atonic condition of the capillary system.

Mr. Marey deduces from this study of vascular elasticity and contractility, the advantage, in inflammation, of pressure advocated by Mr. Velpeau, and of the elevated position of the inflamed parts advised by Gerdy. The empirical exhibition of tartar emetic in rasorian doses, that of cinchona in epistaxis, in rheumatism, in puerperal fever, also find a scientific explanation in Mr. Marey's new theory.

ART. 5664. — *Notice sur les eaux du Mont-Dore*, (description of the waters of Mont-Dore), by G. des Pallières, M. D. (1). — *Du traitement de l'asthme par les eaux du Mont-Dore* (the treatment of asthma by the waters of Mont-Dore), by G. Richelot, M. D. (2).

Two interesting Memoirs on the subject of the waters of Mont-Dore are now before us. In the first, Dr. Goupil des Pallières, assistant medical

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(1) Pamphl. 8vo pp. 60. Paris.

(2) Pamphl. large 8vo pp. 24. Paris.



Inspector of the Spa, describes in a general manner and with a tone of conscientious conviction the benefits to be expected from *thermal* springs containing arsenic in combination with iron.

The second paper is the first part of a series of medical investigations from the pen of Dr. G. Richelot, the learned translator of Hunter's works, who practices at Mont-Dore as consulting physician.

The salutary influence of these waters is complex, and it is no easy matter to assign with precision to each mineralizing ingredient its special share in the therapeutic effects. These waters, besides their thermal action, and their influence as chalybeates, are endowed, according to Dr. Goupil des Pallières, with special properties referrible only to the arseniate of soda which they contain in the proportion of  $\frac{1}{40}$  part of a grain to a quart (Thenard). This amount, too small to cause any inconvenience, is sufficient however to modify beneficially many *apyretic* affections, such as rheumatism, chronic arthritis, eruptions of the skin, bronchitis, etc. The reader will be surprised on perusing Mr. Goupil's work to find that two thirds of the patients, who resort to Mont-Dore for treatment are affected with diseases of the respiratory organs, and frequently derive much improvement from the use of the waters.

Humid asthma, says the author, is removed at Mont-Dore, but nervous asthma, on the contrary, becomes exacerbated, a contrast perhaps due, according to his experience, to meteorological influences.

This opinion, which was also that of Bertrand Sen., is not shared in by Dr. Richelot in his pamphlet on the same subject. Mr. Richelot, however, records five cases extracted from Mr. Bertrand's monograph, published in 1823, three of which were cured, and a fourth improved; but the successful cases were, according to Bertrand, complicated by a rheumatic or herpetic element, the retrocession of which played an important part in the production of asthma, and the waters acting powerfully on the skin, relieved the chest and suppressed the paroxysms of dyspnœa. Mr. Richelot then brings forward the case of one of his own patients, which speaks well for the Mont-Dore springs as a curative means of *nervous, essential, convulsive* asthma. This instance is followed by several others, equally interesting in many respects, but in which the disease is not sufficiently isolated from the rheumatic or herpetic predisposition, to allow us to estimate with accuracy the influence of the waters upon the asthma itself.

However, taking these important facts into consideration, we are compelled to acknowledge that the greater number of asthmatic patients who resorted to Mont-Dore improved in health, and we should be grateful to Dr. Richelot for having pointed out to the profession a hydrological application entirely new to science.

#### ART. 5665.

#### MISCELLANEA.

— The divisional hospital of Chambéry with the civil hospitals of Montmélian and St-Jean-de-Maurienne have been appointed to receive the

sick of the French army, on its way to Piedmont from Lyons by Chambéry, and from Grenoble by Montmélian. On the 29th April the first patients were admitted; they amounted on the 6th May to 132, without exceeding that number. On the 24th, about 50 remained; but now and then others arrived. The *Gazette de Savoie* contains the following :

“ The greater part of the diseases have hitherto been pneumonia, sore throat, the inevitable consequences of frequent rains and great variations of temperature; many African fevers were also observed. Despite the gravity of a number of cases, we are gratified to be able to announce that the military hospital has not lost a single man. This happy result is due, first to the skilful care and enlightened direction of Drs. Perrotino and Pralet, and secondly to the intelligent and excellent measures adopted by General Count Jaillet and Col. Perret the town-major. The position of the hospital and the salubrity of the air are likewise most favourable. In the visits he has paid to the hospital, the Chevalier Grand-Toranne, French Consul at Chambéry, ascertained by his personal inspection the comfortable condition of the patients and the attentions of every kind they receive. After having gone through the wards and addressed to every one a few kind and encouraging words, this highly respected gentleman visited the different parts of the establishment, examining the food, down to the bread and wine, which leave nothing to be desired. On quitting, the Consul bestowed on all the officers of the institution just encomiums, of which the benevolent sisters of charity had no inconsiderable share.

— One of our fellow-practitioners of the Army of Italy writes from the field of battle of Montebello, 25th May :

“ We are at the present moment attending 800 wounded (500 French and 300 Austrians). The new projectiles cause extraordinary wounds, and we already perceive that there will be many more operations to be performed in this campaign than when round bullets were in use.

“ The sanitary state, however, is very satisfactory and the *moral* of our wounded is excellent. In the midst of their sufferings their national good spirits do not forsake them.”

— Advices from Cannes, 26 th May, announce that the vast premises situate within the inclosure of the Port of the Ile Sainte-Marguerite are being fitted up for an hospital, destined to receive the wounded or sick of the Army of Italy.

— Baron Hippolyte Larrey, head-surgeon of the Army of Italy, is the son of the man who, for half a century, through the campaigns of the republic, the empire, the restoration and the monarchy of July, was in turn deservedly called by the people: the *Providence of the soldier*, by the emperor: the *most honest of men*, and by the learned: the *Ambroise Paré* of our age.

“ The glory of the father, ” says a recent publication, “ will not be prejudicial to that of the son.

“ Hippolyte Larrey, born at Paris in 1808 obtained by competition his

rank in the medical department of the army. At the age of 24 he acquired his degree of M. D. and in 1832 afforded proof of his indefatigable zeal and intrepid benevolence, during the epidemic of cholera at the hospital of Picpus.

“ As an army-surgeon, he was present at the siege of Antwerp and shared the campaigns of Italy and of Algeria (1858).

“Uniting theory with practice, at 31 years of age he lectured on Surgical Pathology at the Military Hospital of Val-de-Grâce, under the patronage, as it were, of his father's statue, which is the work of the most popular of our modern sculptors (David d'Angers).

“ Like his father, Hippolyte Larrey published the result of his observations and his studies : *Surgical account of the events of July 1830*, a relation annotated by Dupuytren ; — *Surgical History of the siege of the citadel of Antwerp* ; — *Of the best treatment of fractures of the neck of the femur* ; — *The Analytical method applied to surgery* ; — and many papers communicated to special periodicals on surgery and military hygiene.

“ Placed under the direction of a chief, whose antecedents and traditions are so remarkable, the numerous officers of the medical service present, it may justly be affirmed, the highest guarantees of knowledge and devotedness. ”

—The great events, which at present preoccupy public attention, should not obliterate from our memory the services rendered to the country by men who are no more. It is however honouring military surgery to retrace the labours of a man whose loss is still felt and who, for eight years, presided over the military Board of Health. Mr. Bégin died, some weeks since, in the retirement he had chosen near Locronan in Brittany. A biographical notice of this modest and learned surgeon, sketched by one of his friends, Mr. Legouest, a Professor of Val-de-Grâce, and published in the *Gazette hebdomadaire* will not be devoid of interest.

“ Mr. Bégin was by his writings and his tuition one of the most skilful, elegant and zealous popularizers of surgery.

“As a writer, in 1818 he contributed to the *Dictionary of Medical Sciences* and did not cease to participate in all the publications of that fruitful and laborious period. The medical world is indebted to him for additions to Scarpa's *Treatise on Diseases of the Eye*, a new edition of Sabatier's *Treatise on Operative Surgery*, which he brought out with Sanson ; *New elements of Surgery and Operative Surgery* ; all the articles on surgery and obstetrics of the *Abridged Dictionary of Medical Sciences* ; a great number of important articles of the *Dictionary of Medicine and practical Surgery* ; additions to Deschamp's *Treatise on cystotomy* ; the completion and publication of Dupuytren's *Memoir on a new method of performing the operation for calculus*, a common legacy and likewise a surgical consecration, left by the master to his disciples Bégin and Samson Sr.

The *Journal hebdomadaire*, the *Annales de la chirurgie française et étrangère* the *Papers and Bulletins of the Academy of Médecine*, the *Mémoires de médecine, de chirurgie et de pharmacie militaires*, contain numerous papers from the



brilliant and flowing pen of Mr. Bégin. As a professor, he inaugurated his success in 1826 by a course of lectures on pathological anatomy delivered at Val-de-Grâce.

“ When he was sent as head-surgeon to the Military Hospital of Strasburg, the Faculty of Medicine solicited his appointment as Professor of clinical and operative surgery; in exchange for this honour, he shed a new lustre on the Faculty, propagated beyond the Rhine the doctrines of French surgery and endowed the populations of Alsatia and the provinces of the East with practitioners formed at his school, which was that of Dupuytren.

“ Mr. Bégin relinquished his professorship to take his seat at the Board of Health of the army, at which he had the honour of succeeding Larrey in 1842. From that time his career was rather administrative than scientific, and presents but little interest except to his fellow-practitioners of the army.

“ Mr. Bégin had been a member of the Academy since its foundation in 1820; he was its president in 1847. He was a member and formerly president of the Board of Health of the department of the Seine. He was honorary professor of the Faculty of Medicine of Strasburg, etc.

“ For eight years he was chairman of the Board of Health of the army.

“ Divested of the high medical dignities to which his merits and his labours had alone raised him, Mr. Bégin died poor, an event almost rare in our days. He belonged to that high order of minds, which are indifferent to the preoccupations of every day life, to those generous hearts, not to be seduced by aught but aspirations to the welfare of their fellow-creatures and whose highest gratification lies in the performance of duty, at the price even of the most onerous sacrifices. ”

— Baron von Humboldt's funeral obsequies were solemnized with more than royal pomp. The streets of Berlin were hung with black. The numerous insignia, the honours of the illustrious deceased, displayed on two velvet cushions, were borne by two princes of the blood, who followed on foot. The hearse was drawn by six horses from His Majesty's stables. The coffin of carved oak was covered with flowers and laurels; twenty students surrounded the hearse and carried in their hands palm-tree branches. The body was interred in the family vault, in Baron von Humboldt's estate near Berlin. The dignitaries of all orders deemed it an honour and a duty to attend as chief mourners. Regret for this great loss to science is universal.

— The Medical Society of Geneva will award in 1860 a prize of 40*l* and a second prize of 20*l* to the authors of the two best unpublished works on questions relative to variola, varioloid, varicella, vaccination and revaccination. The competitors to attend more particularly to the following points : 1. ascertain by a comparison of the principal epidemics

of variola, which have prevailed in Europe in the nineteenth century, whether this disease has anew a tendency to become more frequent and what are the forms in which it now occurs in vaccinated subjects; 2. decide whether revaccinated subjects are completely and definitively preserved from variola; in the contrary case, state the degree and duration of preservation; 3. summarize, as practical conclusions, the data furnished by the solution of the preceding questions.

The papers, written in French, German, English, Italian, or Latin to be addressed free of expense, before the 1st June 1860, to the Secretary of the Society. The name of the author to be given in a sealed letter annexed to the paper.

The Society reserves to itself the right of publishing at its own expense and in French the whole or a part of the prize papers.

In case none of the papers sent in should be deemed worthy of either the first or second prize, the question shall be proposed for further competition.

— Dr. Andrews, of Chicago, having instituted a series of comparisons to discover a means of preserving vaccine matter, the idea occurred to him to mix it with glycerine, and this plan proved perfectly successful. In seven cases Mr. Andrews used this mixture with a result as satisfactory as if it had been performed with fresh vaccine matter; it may be preserved during the heats of summer for two or three months, without any loss whatever of its efficacy. The mode of preparation is most simple: a vaccinal scab is broken into small fragments and put into a phial, containing a little glycerine; the solution is effected by degrees. The bottle must occasionally be shaken.

We will observe, relatively to the preservation of vaccine-matter, that the discredit, which Mesrs. Trousseau and Depaul have cast on vaccine virus preserved between glass-plates, appears by no means justified in the eyes of Dr. Bertherand, secretary to the committee for vaccination of the Department of the Nord. We read in the *Annales Médicales de la Flandre occidentale* an article, in which this skilful practitioner proves by the returns of the official registers transmitted to the central committee of his department, that

6430 punctures with inoculation of vaccine matter preserved under glass gave 5337 pustules, i. e. 5 pustules out of 6 punctures, and 23,098 punctures with vaccinal inoculation taken immediately from the arm gave 19,834 pustules, or 19 pustules out of 23 operations.

In both these cases, the proportion is nearly the same, 5 out of 6, whence Mr. Bertherand infers that there is no valid reason for renouncing glass-plates. If, especially in the beginning of their practice, so many practitioners fail in their attempts at inoculation, Mr. Bertherand is

of opinion that the failure depends on the *modus faciendi*. In such cases, says he, the perfect dissolution of the dried virus is essential. Practitioners would do well to use naught but a small drop of pure luke-warm water. On the other hand the vaccine-virus requires to be diluted long enough for the liquid to be brought to the consistency and colour of gum. If these two conditions are united, inoculation may be performed with almost invariable success.

— The explosion of a manufacture of fire-works at Frankfort has proved the beneficial effects of the warm bath on burns. The *Deutsche Klinik* states that thirteen persons were, in consequence of this event, brought to the hospital, with burns of every degree of gravity. All were treated by permanent tepid baths; or, when this remedy was inapplicable, by fomentations with luke-warm water, which was renewed twice a day or oftener, when the suppuration was very abundant, and maintained at the temperature of 93 degrees Fahrenheit by means of an apparatus analogous to those used by Mr. Langenbeck for the cure of amputations.

In such cases a bath or tepid fomentation considerably alleviates and finally removes the pain; the textures soften, the eschars more easily detach. The water protects the surfaces from irritating contact, diminishes the chances of purulent absorption and seems to promote cicatrization.

— The fact ought not to astonish us that medical practitioners, with the education they possess, easily obtain high rank among the best agriculturists. We almost always see some of these gentlemen among those who obtain prizes at agricultural competitions. This year, the prize of honour in the department of the Aude was awarded to Dr. Gourrier. This prize, distributed every seven years in each department, consists of a sum of 200*l* and a silver cup of the value of 140*l*.

— At the solicitation of the Spanish students, who attend his lectures in Paris, Professor Trousseau has just been named, by H. M. the Queen of Spain, a knight of the order of Charles III.

— The *Messenger de la Manche* recently noticed an occurrence not without interest to the medical profession: A physician, who had been sub-pœnaed as a witness, but who was in complete ignorance of the facts of the case, being required by the counsel for the defense to express his professional opinion, declined to supply any scientific information on the plea that what was required of him was not evidence but a scientific appreciation, and therefore that he was at liberty to refuse an answer. This incident gave rise to a remarkable address from the Substitut du Procureur Impérial, Mr. de Beaurepaire, who concluded that, in the present instance, the



physician had not incurred any penalty, and the court gave judgment accordingly.

— When physicians prescribe opium or its preparations, can they foretell with certainty the effects of the medicine? In other words, is it possible to estimate with precision the purity and strength of opium? An important and highly practical question which a Parisian chemist, Mr. Berthé, inquires into and answers in the negative in various Memoirs presented to the Academy of Medicine.

In order that the estimation referred to should be practicable, the merchant should be in a position to supply invariably samples of uniform strength. Now, nothing can possibly be more variable than the composition of this substance, and in order to prove this assertion, Mr. Berthé described a series of researches instituted by himself on the subject :

160 cakes of Smyrna opium were weighed and found equivalent to 35 kilogrammes (92 pds). From each cake 5 grammes (80 grains) were abstracted and the 160 fragments were manipulated into one homogeneous mass of the weight of 800 grammes (about 2 pounds). This mass, representing exactly the mean composition of the 160 cakes, was analyzed and yielded  $8\frac{1}{4}$  grammes per cent. of pure morphia.

On the other hand 12 pieces of opium were taken at random among the 160 cakes and were separately examined. These opiums designated by numbers, were found to contain :

Opium No. 1, 6 per cent of morphia.				
—	2,	7.10	—	—
—	3,	9.05	—	—
—	4,	6.10	—	—
—	5,	9.15	—	—
—	6,	5.15	—	—
—	7,	8.25	—	—
—	8,	6.50	—	—
—	9,	6.25	—	—
—	10,	9.50	—	—
—	11,	8.75	—	—
—	12,	9.25	—	—

Thus, an opium of excellent quality, yielding on an average  $8\frac{1}{4}$  per cent of morphia, is constituted by the kneading together of cakes of course destined to be sold as they were, for the most part separately, and varying from each other as much as 45 per cent with regard to their alkaloid contents.

From this fact Mr. Berthé concludes that in, medical practice, opium should be replaced by its alkaloids among which he prefers codeia.

It is however but fair to add that the estimation of the strength of opium does not appear to all chemists so impossible a task as represented by Mr. Berthé. Thus, since this gentleman's communications, the Academy has received a letter from Mr. Aubergier, of Clermont-Ferrand, who states that, having made inquiries into the production of opium in the Levant, he can procure without difficulty opium warranted to contain 10 per cent of morphine. The only condition requisite for the purpose of obtaining samples of equal strength is, when French opium is deficient, to procure the drug in the Levant before it has undergone adulteration. Mr. Aubergier, founding himself upon his information and upon sixteen years experience of the business, undertakes to furnish the trade with opium warranted to contain 10 per cent of morphia, and always of unvarying strength.

— An imperial decree has ordered that the asylum at Vésinet, originally intended to admit artisans who had received injuries, shall henceforth be affected to convalescent women.

— *Mothers and Infants, Nurses and Nursing.* Translated from the French of a Treatise on nursing weaning, and the General treatment of young children, by Dr. Al. Donné, late Head of the Clinical Departement of the Faculty of Paris, Inspector General of the Schools of Medicine, Counsellor of the University, Private Professor of microscopy, etc., etc. Boston; Philips, Sampson and Company. 1859.

We are much pleased to find that this useful work, thanks to the able translation of a distinguished physician of the city of Boston, is likely now to become as popular on the other side of the Atlantic as it long has been in France. The gentleman who has undertaken this task, is evidently familiar not only with the French language, but also with French medical literature, and has proved himself fully qualified for the satisfactory accomplishment of his purpose.

Mr. Donné's treatise has for several years enjoyed the most deserved popularity, and summarizes in an attractive form the authors views on the subject of nursing, the scientific appreciation of the qualities requisite for good milk, the management of wet nurses and of children generally, in health and in disease. All ranks of society have equally acknowledged its practical utility; to mothers it has invariably been found an invaluable guide, and we cannot doubt but the reception it has met with in France will not be less favourable than that which it may expect in America.

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For the articles not signed: H. CHAILLOU,  
Chief Editor.

## ART. 5666.

*Academy of Medicine. Transmissibility of secondary syphilis. Mr. Ricord's communication.*

The medical *event* of recent times, to use Mr. Bouilland's expression, is the unforeseen act by which Mr. Ricord has adopted a doctrine, he had opposed for thirty years. In our last Number (Art. 5661) we brought under the notice of our readers Mr. Gibert's report on the transmissibility of the secondary symptoms of syphilis; and likewise the Academy's vote. This vote was the official sanction given to a fact demonstrated by clinical observation for centuries, but which, running counter to the new law promulgated by Mr. Ricord, had been rejected by the learned syphilio-grapher and by his school as an insufficient element of conviction.

In his *Practical Treatise on Venereal diseases*, Mr. Ricord said :

“ The virus modified by venous absorption, and when it has penetrated into the system CANNOT communicate the disease unless by hereditary transmission ALONE.

“ Whenever a symptom, whatever may be its seat and its apparent form, secretes inoculable pus, it is necessarily the produce of direct contagion, and not the result of a general infection, due to absorption proceeding from another point, and does not at present indicate the syphilitic temperament, or in more ordinary terms, constitutional syphilis.”

Thus denying all contagious property in the papula or mucous tubercle, which belongs to the category of secondary symptoms, the surgeon of the Hôpital du Midi exclusively reserved the faculty of transmission to chancre, the sole and unique primary symptom.

“ In constitutional syphilis,” added Mr. Ricord, “ the humours do not enjoy the same properties as the secretion of the primary ulcer, which ALONE can be inoculated.... If any facts, contrary to this doctrine, have been believed, it is because they had been badly interpreted.”

Such was Mr. Ricord's reply to objections grounded



on clinical observation, while he declared on the other hand that, with inoculation all, error was impossible.

Mr. Ricord now confesses he was mistaken, but he acknowledges his error under certain reservations, as may be perceived by the following communication, which the eminent surgeon, who has made syphilis his special study, deemed it expedient to read before the Academy, and which we publish *in extenso*.

Gentlemen, said Mr. Ricord, in the important question now under consideration, and which interests in so high a degree hygiene and forensic medicine, I have, as all others, sought the truth, being convinced that there is as much danger in admitting lightly, as in rejecting the transmissibility of secondary syphilis.

Not satisfied, however, with the observations on record, and not contenting myself with the dictum of general opinion, which is not always the most just, I had recourse, for the purpose of elucidating the question, to a process of exploration which seemed to promise more positive results than those usually supplied by clinical medicine.

Artificial inoculation, interrogated at the point at which Hunter had left science and where, in the opinion of many, it still remains, relatively to the nature of symptoms reputed primary, demonstrated to me what is still true that chancre *alone* is inoculable to the individual affected by it.

To those who admit but a single species of chancre, and, if I mistake not, the reporter is of the number, this is a principle which remains unshaken; and the laws I have laid down for one of the varieties, now for some persons, one of the species of primary ulcer, soft chancre, have had no change to undergo.

It was admitted, it is still admitted by the antagonists of my school: that a first infection would not prevent another; the doctrine of *syphilis upon syphilis* was current in science, and it is, I believe, still professed by Mr. Gibert; for I am not aware that he admits that which I teach, viz. that *syphilitic diathesis cannot more than other diatheses recur in the same subject*.

If, therefore, I was in error with regard to the unique character of the diathesis, secondary symptoms, if really contagious and inoculable, must admit of inoculation in subjects previously infected.

Auto-inoculation, *the only kind I have ever allowed myself to perform*, always remained in my hands, as in those of many others, absolutely negative.

Clinical observation in an enormous majority of cases then convinced me, as it does now, that primary venereal ulcers in general, better determined by my clinical observations and by the researches of my pupils, were the habitual, general source of contagion, each reproducing its own species (Messrs. Bassereau, Clerc).

Doubtless, on a theatre so vast as that, on which it has been my privilege to observe, I have met with exceptions to this general rule; but

they admitted of rational explanation, until more ample information could be obtained. Thus, in stating, in a first treatise, the characters which appeared peculiar to secondary symptoms, in the point of view of non-contagion and of their *non-inoculability on an already infected subject*, I always maintained a prudent reserve, which some of my pupils, and especially my antagonists, have endeavoured to induce me to relinquish.

I might, however, have shown myself more absolute, for I could have based my opinions on facts negative it is true, but deriving great value from the names of the observers and from the circumstances in which they were noted, circumstances which invested them as nearly as possible with the conditions of experimental facts. Such are the cases recorded in the Memoir read, in 1854, to the Society of Surgery, by my eminent colleague Mr. Cull  rier, and in another Memoir, by my excellent friend Mr. Venot, head-surgeon of the hospital Saint-Jean of Bordeaux.

Notwithstanding the contest I sustained in 1852 against facts which did not appear to me conclusive, I wrote, in 1840, in the additions and notes to the first edition of Hunter (Dr. Rich  lot's translation), and still more recently in the editions of 1852 and 1859 (page 789 of this latter edition) the following:

“ I completely participate here in Mr. Babington's opinion; only I think that hitherto the precise nature of the symptoms, transmissible from children to wet nurses, has not been determined with accuracy, and that certain symptoms, reputed secondary and transmissible, may have at first been primary, as likewise in some cases certain nurses, who alleged having been infected by their nurslings, may have contracted syphilis otherwise. At all events, in the present state of science, if the explanation still leaves much to be desired, in order to give complete satisfaction, a great number of incontestable cases are on record of syphilis transmitted from the nursling to the nurse and *vice versa*. ”

You perceive, Gentlemen, that in manifesting a personal tendency I carefully abstained from all that could arrest the progress of science. I required, on the contrary, further observation, further researches, further investigations to settle definitively this point of doctrine, in order to indemnify poor wet nurses, if indeed they were victims, or to obtain the condemnation of imposture and of extortion, unfortunately so frequent.

Up to this day I have allowed others to do, to say, to write at their will; indifferent to some injustice, to much forgetfulness, at times even to ingratitude, I calmly observed and I awaited in silence until we might be agreed.

It is thought we are arrived at that happy result, which, be persuaded, Gentlemen, I should be the first to applaud, for I know nothing easier to me than to yield on a point of doctrine in litigation in the interest of science and humanity.

I now approach the report of our honourable colleague.

I was on the committee and was necessarily a member of a reserved opposition; I could not possibly accept this report without comment.

I have not to discuss here clinical cases, which it does not contain.

I shall confine myself to the experimental part, which serves as the principal basis of the report.

Persons foreign to syphiliographic science and unacquainted with investigations of a later date than mine, might, if the reporter may be credited, believe that all the experimentalists whose testimony he invokes are absolutely agreed among themselves and with him.

Such is however in no wise the case !

Let us examine the ground on which the experiments have been pursued.

I asserted, after Hunter, that inoculation remained negative on patients already infected.

Mr. Waller has positively affirmed that inoculation from secondary symptoms remained without effect on subjects already diseased and could succeed on one individual alone.

Mr. Rollet is as absolute as Mr. Waller himself, if not more so.

Wallace, probably in a spirit of conciliation, for it is impossible to explain his opinion scientifically, states that, although secondary symptoms cannot be inoculated on the individual who has furnished the secretion, this secretion can however be inoculated on another person already infected.

Finally, Vidal, whom all contagionists quote, but have not perhaps thought of commenting, contended, as Mr. Boulay and other observers have since maintained, that the secondary symptom was inoculable on the patient himself or to another subject already infected.

What reply is made to this by the surgeon of the Hôpital de l'Antiquaille at Lyons ?

In this first category of facts where does truth lie, and where error ?

Relatively to contagion from an individual diseased to one in health, all appear to be agreed ; I say *appear*, for one of my most ardent disciples, I can call him so still notwithstanding his differences of opinion, Mr. Diday, an eminent surgeon of Lyons, admitting contagion from the nursing to the nurse, is one of those who have the most effectually contested the facts of contagion from secondary syphilis apart from lactation.

What is to be believed ?

From what form of secondary syphilis has the inoculated pus been usually borrowed ?

It is more particularly from mucous papula or tubercle, condyloma, mucous flat pustule, a synonymy of the same symptomatic form, which ordinarily succeeds chancres with most rapidity, either locally in what I have termed transformation *in situ*, a metamorphosis easily observed and traced ; or at a distance from the primary sore.

The ecthymatous form, which the most undoubted primary symptom may affect, has also been a source from which secretion has been taken for the purpose of inoculation. This form, it is an acknowledged fact, when it belongs to *soft chancre*, is always inoculable on the subject himself ; but also, as experience has demonstrated to me and also to Mr. Bassereau, it may at times be inoculated, when it appertains to



indurated chancre, whatever may be said to the contrary by the surgeon of l'Antiquaille. (V. Mr. Bassereau's remarkable work, page 297.)

What has been produced by the inoculations performed by the different experimentalists?

Has the result been ~~always~~ the same?

We should suppose that it would be so: *the same seed, the same fruit.*

In this respect again there is a manifest difference of opinion. Some, Vidal at their head, have given rise sometimes to vesico-pustules, to pustules followed by ulceration; at other times to ulcerations followed by papulæ and again to papulæ, which subsequently became ulcerated and covered with scabs.

Other experimentalists, Messrs. Waller, Wallace, Bouley and our honourable reporter aver that they have produced naught but papulæ, mucons tubercles, flat condylomata, symptoms which Mr. Gibert considers as belonging rigorously to secondary syphilis, absolutely similia to those to which they owe their origin and from which it is impossible to discriminate them; whence it follows as a consequence that, if we observed them in a patient, in whom we had neither inoculated them nor watched their development, it would be impossible to know, whether they are the result of contagion or the produce of some former infection.

I would request permission to observe by the way, that it is very remarkable that eminent practitioners, who reluctantly admit the different varieties of chancre and still more, the different species, create complete in all its parts a particular doctrine of syphilis, according to which the disease is transmissible, in the secondary form only, thus promising in future the disappearance of the real primary accident, chancre.

Relatively to the results of inoculation, Messrs. Langlebert and Rolle are appealed to in the last resort; but these learned gentlemen differ much less from me than the reporter is pleased to say; for, if we discard from the discussion the diversities of denomination and the different modes of diagnosis, if secondary syphilis, as I should be disposed to admit, is transmissible otherwise than by gestation and hereditary transmission, it is to chancre, to *indurated chancre*, the initial, necessary symptom, as I have always professed, that it must give birth.

But does this chancre, resulting from secondary contagion, differ from that resulting from the contagion of primary Hunterian chancre? Has it characteristics by which it may be easily discriminated, so that, without knowing it beforehand, we may ascend to the source from which it has been derived?

The answer must be negative!

Is this the only difficulty? No, Gentlemen, contradictions extend to the seat where the produce of the inoculation is to be developed. Almost all experimentalists contend that contagion manifests itself on the very spot where inoculation was performed; but, what becomes then of the authority, so often invoked, of Mr. Waller, who, inoculating syphilitic blood in the thigh of a child affected with lupus, saw at the same time two tubercles grow on the inoculated part and another on one shoulder, which he had not thought of inoculating?

How account for children who have nothing the matter with the mouths, and who, for instance, present naught but syphilitic onyxia of the great toe or other symptoms as remote from the usual regions of contagion, and yet are accused of having communicated chancres to the nipple of their nurses' breast?

Let us now inquire whether incubation can be of any avail?

In the accidental or common contagion from chancre to chancre, in that we have endeavoured to elucidate by our recent numerous confrontations, made to throw light upon the all important question of the two kinds of chancre, the period of appearance, as it may be daily ascertained in practice, and as Mr. Gibert has himself written, is usually much shorter than that stated in the report, for the contagion of secondary syphilis.

But sometimes in the communication of indurated chancre by persons bearing the same description of ulcer, very tardy periods of appearance have been observed, if the assertions of patients may be credited; whereas, in the case of inoculation from secondaries, either with the pus of mucous papula, or with the pus of ecthyma, Mr. Vidal has ascertained a degree of developement as rapid and as unattended with incubation as with the secretion of soft chancre.

Can therefore the long incubation of pus furnished by secondary accidents be rigorously considered a discriminating sign sufficient to establish a diagnosis between symptoms arising from primary sores and those produced from secondary syphilis? The answer is again negative.

Thus, Gentlemen, you see, and the first conclusion of the report also affords proof of the fact that *mucous papula* is always indicated as the contagious symptom *par excellence*, although none are able to determine the limit of the other contagious forms.

On the other hand no real importance is to be attached to incubation, as a discriminating sign.

Finally experimentalists cannot agree relatively to the forms produced.

Whence I conclude that the report to be made to the Minister, in reply to his inquiries, should be worded with the most rigorous reserve, admitting, if you desire, the possibility of contagion from secondary syphilis, but without specifying anything more for the present: *Fiat lux*.

Will this prayer of Mr. Ricord be granted? We trust it may; and it is by a more attentive and profound study of facts that light will be thrown on a question which Mr. Gibert's report has not sufficiently elucidated. Observation is doubtless liable to error, and arguments supplied by clinical cases can be conclusive but from their number. The scientific character of some of these facts, however, leaves nothing to be desired, and among these we may boldly quote the cases of Mr. Langlebert and

Mr. Rollet, head-surgeon of the Hôpital de l'Antiquaille at Lyons. The latter published in the *Archives de Médecine* (February, March and April 1859) articles in which he proves that secondary syphilis in the adult is as contagious as that of the new-born infant (a fact now uncontested), but with this difference that it is more difficult here to detect the fact of contagion and always to render it indubitable.

Between the nurse and the new-born infant there is a normal physiological act, accomplished by determined organs, that are as it were the place of refuge in which contagion may be sought with the certainty of being found. Here is nothing equivocal; confusion is scarcely ever possible; nay more, the facts present themselves to the observer. In the adult, on the contrary, transmissions are more variable in their modes, more complicated in certain regions, more accidental in others, and especially facts are concealed, so as to baffle the most patient investigations. "Contagion from syphilis in adults," says Mr. Rollet, "is not rare, but it is rarely to be traced, and still more rarely demonstrable." We adduce, however, two cases among many others, to prove that this demonstration may be as conclusive as the defective and improper experiments instituted by Mr. Gibert.

Mrs. X... came with her husband to consult Mr. Rollet in May 1857. She was then affected with a general eruption of syphilitic papulous erythema, alopecia, an eruption of the scalp, with enlargement of the sub-occipital glands; she had also mucous papulæ of the mouth, gray patches upon the tonsils, but the organs of generation appeared in a healthy state; all these symptoms being of ten days' standing. The husband was in the enjoyment of perfect health, and had never suffered from syphilis. After long inquiry for the purpose of eliciting the origin of the disease, Mr. Rollet learned from the lady, that she had given birth, on the 30th October 1856, to a healthy child of the female sex. The child taking the breast with difficulty, the mother had applied to a woman in the neighbourhood, who, for hire and several days consecutively, drew the breasts. In January 1857, a chap made its appearance on the left nipple, soon grew



larger, brought on enlargement of the glands of the axilla, but nevertheless healed in the end. Mr. Rollet availed himself of this information; he examined the breasts and discovered, at the lower part of the left nipple, a large and well marked induration, and in the axilla two glands each of the size of a walnut. Dr. Despiney, the patient's ordinary medical attendant, then went in quest of the neighbour, who seemed to be the first cause of the disease, and he learned that this woman, who was very poor but honest, had had symptoms which had been communicated to her by her husband, and of which she had recovered without medical assistance. Subsequently she had other lesions in the throat, mucous papulæ, which had lasted six months, according to Mr. Despiney, at the time she was called in to Mrs. X...

The little girl, who was then immediately examined, was found to be affected with ulceration of the lip. This ulceration increased, and yielded subsequently to the antisymphilitic treatment which was forthwith instituted. At a later period, however, this child had mucous papulæ around the anus and the external organs of generation.

Thus, in this case all had taken place exactly as between an infant just born and a wet nurse; only the part of the nursing was performed by an adult woman whose slight services were but too dearly paid for. An adult, a married woman infected by her husband during matrimonial intercourse and in whom secondary syphilis breaks out in the throat, communicates these symptoms which are of six months' standing. And what do they produce? Indurated chancre, duly recognized as such, subsequently followed by secondary syphilis. This chancre is further transmitted to a third party, the little girl, in whom Mr. Rollet saw it in a state of ulceration, when the mother's primary sore was already healed.

This very conclusive case demonstrates at the same time that, if the breast may be the seat of chancres proceeding from congenital syphilis, which, we repeat, is no longer contested, others may likewise be observed, arising from the contagion of secondary syphilis in the adult; but the Hunterian chancre, which predominates in the breast and is produced by the transmission of secondary syphilis,

is, in the estimation of Mr. Rollet, more particularly communicated, a fact readily conceived, by syphilis of the newborn infant.

We find in this remarkable work a second instance of contamination, to the publication of which we attach much importance, as it acquired great notoriety, was controlled by a great number of our fellow-practitioners of Lyons, and as all particulars connected with it have been most carefully and scrupulously verified.

Jules C..., a silk-weaver, 25 years of age, had never been attacked with syphilis, when on the 11th April 1858, he was severely bitten in the upper lip by Louis B... The wounds of these bites remained open more than two months. On June 26th, when he was admitted into hospital (l'Antiquaille, at Lyons), the patient was examined by Mr. Rollet, who observed the following appearances : on the upper lip in the wounded parts two indurated nodi of the size of a shilling ; each induration was slightly exco-riated at its surface ; a double, large, indolent adenitis occupied the sub-maxillary region. For some days previous, there had been scabs in the hair, with alopecia, papulous erythema on the body and mucous papulæ on the scrotum ; nothing was observable on the penis. Infusion of sarsaparilla, two pills of proto-iodide of mercury, daily, were prescribed ; also baths of corrosive sublimate. The patient was discharged July 8th, incompletely cured.

Jules C... 's wife presented no trace of syphilis ; she was the mother of a child whom she nursed, and who was in good health. Now what was Louis B... 's state ? At the date of 10th April 1857, this man had entered the hospital with an indurated chancre of the corona glandis ; this chancre had healed in three weeks. Since that period mucous papulæ had appeared on the skin of the penis and on the scrotum, and subsequently an enlargement of the posterior cervical glands and alopecia had occurred. Louis B..., at the time he seized his victim with his teeth, an act for which he was sentenced to six months' imprisonment, had syphilitic sores in the mouth ; he openly confessed the fact, threatening Jules C... to give him the disease by biting him.

Reverting to this case, Mr. Rollet first points out, as

an incontrovertible fact ascertained by Mr. Tavernier, Mr. Diday and several other medical men well versed in syphilitic diseases, the existence of two indurated chancres on the lips of the victim, chancres communicated by Louis B..., the author of the bite. He then shows Louis B... affected a year before with indurated chancre of the penis, subsequently presenting evident symptoms of secondary syphilis, and still having syphilitic sores of the mouth, at the time he bit Jules C. Now what could be the nature of these syphilitic sores? Louis B... having had a year before, on the organs of generation, a Hunterian chancre and all its consequences, this syphilitic patient, if there ever was one, had he even exposed himself to what, for another, would have been certain contagion, was not liable to contract a second infectious chancre; infectious chancre being inoculable neither to the individual already affected with it, nor to any syphilitic subject.

The syphilitic symptoms, which Louis B.... had in his mouth when he bit his adversary, were therefore of a secondary nature, and these secondary sores produced in Jules C... the two indurated chancres of the lip, Hunterian chancres subsequently followed by general syphilis.

We regret our inability to quote from Mr. Rollet's paper any other cases bearing on chancres of the mouth, produced either by too warm a kiss or by intermediate objects, such as a glass-founder's tube, a spoon, a tumbler, etc. All these cases, and we here refer to those of Mr. Rollet alone, *peremptorily* demonstrate that mucous papulæ or flat tubercles, the earliest symptoms of venereal infection may produce in the mouth as on the nipple an *infectious sore*, not having, in a clinical point of view, any peculiar characteristic of a nature to distinguish it from primary syphilitic chancre. The question put to the Academy was solved by the observation, at least as far as concerns the contagious property of mucous papulæ. Patient and strict investigation will also inform us what we are to think of the transmissibility of other secondary symptoms, without the necessity of repeating experiments condemned by morality, and the scientific value of which is contested by eminent syphiliographers.



## ART. 5667.

## HOSPITAL SAINTE-EUGÉNIE

(Dr. Bouchut's clinical conferences.)

*Typhoid fever in children. — Treatment of chorea by arsenic. — Comparative efficacy of ailanthus and pomegranate tree for the expulsion of tape-worm.*

The influence of the season upon public health is observable in the appearance of abdominal affections, which take the place of the cruel epidemic of diphtheritic angina, noticed during the spring months. At present, numerous cases of continued fever occur, presenting all the degrees between ephemeral and putrid fever.

Seven or eight children have been admitted into Mr. Bouchut's wards for these fevers.

Bed N° 8 in St. Magaret's ward is occupied by a little girl aged 6, who has been ailing eleven days. Scarcely convalescent from croup which had yielded to tartar-emetic, she lost her appetite, vomited and became feverish. Her face was highly coloured, her lips dry, her tongue rough; some diarrhœa was present, the abdomen however remaining soft and not being the seat of any borborygms. The child coughed, and on auscultation, dry and fine mucous rhonchi were audible throughout the chest. The pulse had risen to 128, and the nights were sleepless. It was no easy matter to designate this condition. Was it enteritis, bronchitis or typhoid fever? To judge from the single symptom of cough, or from the vomiting and diarrhœa, an organicist would probably be inclined to establish the diagnosis of bronchitis or gastro-enteritis; but this, according to Mr. Bouchut, would be an improper separation of the morbid elements. It was here desirable to consider the combination of the leading symptoms, and typhoid fever alone could account for them all. This was not a local but a general disorder, an affection of the blood, typhus simultaneously invading the three principal sets of organs, and

sleeplessness here clearly indicated the participation of the nervous system.

The classic type of typhoid fever is the result of many various facts; but in children and youths, this type is not commonly met with, and it is the incomplete form sketched above which is more usually observed.

No intestinal borborygms existing, it was unnecessary to have recourse to aperients. Diluent drinks and baths will alone be sufficient for the treatment of this illness, which, with the characters above described, is not likely to extend beyond a fortnight or three weeks.

Of the seven cases which suggest the present remarks, four are more or less in the state we have delineated and undergo the same treatment. In one of the three others, the pathological condition is somewhat obscure. When admitted into hospital, the child presented the symptoms of gastric derangement, viz. loss of appetite unattended with vomiting, head-ache, pains in the limbs, feverishness, the whole having lasted three days. The fever could not therefore be accurately denominated ephemeral; it was an intermediate form, corresponding to the synocha of ancient writers and to the *embarras gastrique* of modern authors, a disease which seldom exceeds a week in duration. It has during the present year been very prevalent, and although uncomplicated and benignant, it was unhesitatingly attacked at its outset by Mr. Bouchut with an emetic. This practitioner lays much stress upon the propriety of this line of conduct, experience having taught him that the method of expectation applied to these cases allows them rapidly to run into the more serious forms of typhoid fever. The emetic prescribed on this occasion by Mr. Bouchut was the following :

<i>R.</i>	Antimonii et potassæ tartratis.	$\frac{1}{2}$ gr.
	Pulv. Ipecac. . . . .	8 gr.
	<i>M.</i>	

to be taken in two doses, at ten minutes interval, with a glass of luke warm water with each. This remedy produced copious evacuation of bile, and on the following day feverishness had yielded and appetite was restored. At

this stage Peyer's glands are not yet ulcerated, but when once the disease has reached a certain point, it cannot be controlled; hence the necessity for prompt interference.

In the two last patients, girls between ten and fifteen years of age, typhoid fever, although more characterized and more serious than in the others, was not accompanied by all its symptoms. In one instance neither head-ache nor bleeding at the nose were present, in the other the rose coloured papulæ were not observed.

In serious cases of typhoid fever, Mr. Bouchut begins by the exhibition of an emeto-cathartic if the tongue is foul; he prescribes :

*R.* Antimon. et potassæ tartratis. 1 gr.  
 Magnesiæ sulphatis. . . . . 2½ dr.  
*M.*

This medicine produces both vomiting and purging; on the following day, if borborygms are detected in the abdomen on palpation, another aperient is given, and in the contrary case this practitioner merely watches the result. Borborygms must here be considered the fact by which the physician should guide his practice. It is important to expel from the intestines acid or irritant substances the contact of which would be injurious to the mucous membrane, and this indication is satisfactorily accomplished by the exhibition of the citrate or sulphate of magnesia. As soon as the borborygms disappear, Mr. Bouchut prescribes tonics, wine and water, weak broth, beef-tea, and as soon as possible soups, as prolonged abstinence unquestionably predisposes the patients and especially children to putrid symptoms.

— In the present state of science we are not in possession of any specific treatment for chorea. When, therefore, this disease is not the symptomatic expression of some morbid state which can be brought under the direct influence of medicine, the practitioner is compelled to feel his way and to seek for some new remedial agent more efficacious than those in previous use. It is thus Mr. Bouchut recently treated and cured with arseniate of soda a



girl aged ten, in whom the metallic armatures, several felicitous applications of which we mentioned in our May Number, had exacerbated instead of improving chorea.

It is chiefly to Romberg's clinical lectures in Germany, and to the favourable opinion entertained of its virtues by Dr. Pereira in England, that arsenious acid owes its popularity in the treatment of chorea in America and on the other side of the Channel. In France it has been exhibited in a methodical and regular manner by scarcely any one except Mr. Aran. This gentleman has recorded in the *Bulletin de thérapeutique* for the present year, four cases of chorea, which were cured or considerably improved by the use of arsenious acid. Mr. Aran has remarked that this remedy has more chances of success in the irregular forms of St. Vitus's dance accompanied for instance by delusions or singular and periodical agitation, etc. Mr. Aran has also ascertained that in subjects more than seven years old the exhibition of the medicine may without danger begin with doses of  $\frac{1}{25}$  or  $\frac{1}{18}$  part of a grain. The formula he uses is the following :

Acidi arseniosi.	1 gr.
Aquæ destill. .	16 oz.

$3\frac{1}{5}$  oz. of this mixture contain one fifth of a grain of arsenious acid, and a table-spoonful, equal to nearly three quarters oz., represents about  $\frac{1}{20}$  of a grain. If each day the dose is increased by one spoonful, the quantity of acid administered will, at the expiration of five days, be equivalent to  $\frac{1}{4}$  of a grain, an amount amply sufficient in children, and which Mr. Aran does not think it desirable much to exceed, as, if it is not productive of amelioration, the arsenical medication may be considered to have failed ; and if, on the contrary, improvement is observed, it is proper to reduce gradually the dose and thus suppress the medicine altogether.

In England, Mr. Begbie has successfully prescribed in a severe instance of chorea of only ten days' standing, the usual dose of 5 drops of Fowler's solution three times a day. The patient was a boy of sixteen, and the duration of the treatment was about twenty days.

We will now describe Mr. Bouchut's more recent case. A little girl aged ten was admitted on the 3rd of May into his wards for the treatment of choreic symptoms, which had already been observed for the first time three years previously. Since that period the child had twice been received into the hospital for the same disease and had been cured by sulphurous baths. On the present occasion the symptoms had been consequent upon a mental emotion. The child had a fright, became chloro-anæmic, and this condition had induced chorea. Metallic armatures were of no service ; debilitated subjects require a restoration of the blood-corpuscles, open air, exercise, the neighbourhood of the sea, manganese, etc. Now arsenic, by improving the appetite and invigorating the digestive powers, may also, in an indirect manner, be serviceable in restoring the blood to its original healthy composition. Once before, Mr. Bouchut had resorted with much success to this remedial agent for a girl who, in consequence of a violent mental emotion, had been seized with chorea. The circumstances of the present case being analogous, Mr. Bouchut prescribed arsenic in the following form :

*R.* Sodæ arsenitis. .  $\frac{1}{10}$  gr.  
Misturæ acaciæ. 6 oz.

to be taken in four doses, at two hours' interval, between meals. Mr. Bouchut prefers this solution to Fowler's liquor potassæ arsenitis and other similar preparations, because the practitioner knows with more precision the exact quantity exhibited. The dose should be carried with prudence to  $\frac{1}{5}$ ,  $\frac{3}{10}$  and  $\frac{4}{10}$  of a grain, but not more than  $\frac{1}{5}$  should be given to young children. In the case before us the latter dose was not exceeded, and, without any intervening accident whatever, the patient was cured in 18 or at most in 20 days.

— A new remedy has of late been proposed for tænia, and if possessed of the virtues ascribed to it, it would, on the one hand, be cheaper than kousso, and, on the other, of a less intolerable flavour than the bark of the root of pomegranate. We refer to *ailanthus glandulosa*, an orna-

mental tree which adorns public walks, and the leaves of which are used as food for the *bombyx cinthia* and the Arendy silk-worm.

The *Journal de pharmacie* reports three cases communicated by Mr. Hétet, professor at the Naval School of Medicine at Toulon, in which the powder of ailanthus was exhibited with success for tape-worm. In the first case æther enemas, pomegranate bark, castor oil, and Seidlitz water had been unavailingly resorted to. A dose of 16 gr. of powder of ailanthus caused numerous joints of tænia to be passed, and a second dose, equal in amount to the first, occasioned the expulsion of the remainder of the parasite. The results were not so prompt in the second and third cases. The medicine was persevered in for fifteen days, and in the latter instance only was the worm entirely passed; in the other case the head of the entozoon was not detected, but the patient ceased to experience the sympathetic cerebral symptoms he had previously been troubled with. He had taken the ailanthus powder in pills in gradually increasing doses beginning at 8 gr. In the other instance the quantity of the medicine varied between 12 and 23 grs. According to Mr. Hétet, vermifuge doses of ailanthus produce no bad effects upon health, and do not inconvenience the patients so much as the pomegranate or kousso.

Under these circumstances, no objection could be urged to testing this remedy, and Mr. Bouchut seized the first opportunity of doing so, but without success.

A little girl, aged nine, occupying bed N° 9 in St. Margaret's ward, had passed segments of tænia.

She was admitted into hospital on May 10th, and on the 18th the treatment was instituted. She took in the morning 16 gr. of the powdered bark of ailanthus in a wafer and half an ounce of castor oil in the evening of the same day. On the 19th she passed with a copious motion, the size of a walnut of disjointed fragments.

The result was not completely satisfactory, but the medicine had produced no bad effects, the child complaining merely of a little sickness without either colic or feverishness. Two days' repose were allowed to intervene, and on the 21st the patient took 32 gr. of the same powder followed



in the evening by half an ounce of castor oil. On this, as on the former occasion, numerous segments of *tænia* were passed, and some very narrow portions belonging to the caudal extremity of the entozoon. Now, until the head has been expelled, no decisive result has been obtained, new joints being indefinitely generated at the broken extremity. Desirous of ascertaining if the powdered leaf would prove more efficient than the bark of the tree, Mr. Bouchut prescribed 1 dr. of *ailanthus* leaves, to be taken in the same manner as the previous medicine, an attempt which was equally unsuccessful, the worm being only partially removed, a result in the attainment of which the castor oil may have had as great a part as the *ailanthus* powder. Mr. Bouchut, in consequence, gave up an experiment which might not prove altogether uninjurious, and determined upon exhibiting, as usual, the bark of the root of pomegranate.

On the 31st of May, at 9 o'clock A. M., a decoction of an ounce and a half of this bark was administered in two glasses at a quarter of an hour's interval, and at 4 P. M. the child took one ounce of castor oil; in the course of the night, at 11 o'clock, the entire worm was expelled. On the following day the microscope enabled Mr. Bouchut to see the thread-like neck of the entozoon, the cephalic bulb with its four suckers and the circle of 28 or 30 hooklets, which surround the central sucker looked upon as the animal's mouth.

The ounce and a half of bark had been steeped in sixteen ounces of water and boiled down to eight oz. The decoction, a very bitter fluid, had then been strained and sweetened. In the treatment of the diseases of childhood this extreme bitterness is an objection, but it is not the only disadvantage of pomegranate powder which is often adulterated. Sometimes a handsome pomegranate tree is procured, the root is scraped, and yet the powder produces no satisfactory effect, owing to the root being merely that of the myrtle upon which the pomegranate was grafted. The myrtle which grows vigorously is frequently used as a stub for the pomegranate, a circumstance necessary to be acquainted with, as the pomegranate grafted

upon a seedling, or better still the wild pomegranate should alone be used for medicinal purposes.

## ART. 5668.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Remarks on polypus of the rectum in children and adults.*

Our intention in the present article is to make, on polypus of the rectum in the adult, some remarks suggested by a tumour of this description which was removed on the 15th of May last by Mr. Nélaton from a woman of sixty. Before entering upon the subject we will, however, say a few words of polypus of the rectum in infancy, as it is too often at that period of life mistaken for prolapsus of the mucous membrane.

Our readers cannot fail to recollect Mr. Guersant's excellent lectures on these tumours (Vide art. 1096. 3441. 3505). They are generally single, sometimes double, but three have seldom been met with on the same individual. The tumours are inserted at 18 lines or two inches from the anus by a narrow peduncle, which, becoming elongated by the pressure of the feces, occasionally breaks, thus producing a spontaneous cure. These polypi, consisting of a soft spongy tissue, have the appearance of mucous membrane, and assume the aspect of a small cherry, which they resemble in size and in colour. The children, who bear this affection, complain of frequent desire to pass motions, the efforts to obtain which remain unavailing. When the bowels are moved, the tumours are forced out of the anus, and soon return spontaneously to the intestine without any other symptom than slight loss of blood which may be observed streaking the surface of the feces. The characteristic symptom of tumours of this description, in Mr. Nélaton's opinion, is the discharge of a few drops of blood after each motion. When a child, otherwise in good health, presents this sign, the presence of polypus of the rectum may confidently be asserted.

Thus Mr. Nélaton related that two years ago, he met in consultation one of the most eminent practitioners of this capital in the case of a child who had been brought by his relatives from Constantinople. A few drops of blood passed from the rectum after each stool, and this was the only symptom which the parents, from the difficulty of conversing through the medium of an interpreter, were enabled to point out to the physicians. Upon this indication alone Mr. Nélaton beforehand established a diagnosis which was fully confirmed by local examination.

Another sign is mentioned by Mr. Guersant as deserving attention. It is the groove formed in the alvine dejections in their passage over the polypus. This sign is a good one, but can only be observed when the polypus occupies a rather high situation within the gut, and when the excrement has a certain degree of consistency.

The prognosis of these polypi is favourable, and nothing can be simpler than their treatment. When the vegetation is small, it can be readily torn away with the nail. If it is too hard, it should be drawn outwards, its peduncle surrounded with a ligature, and the growth will fall away in the course of twenty four hours. In one case, in which the polypus was situated too high to be drawn downwards out of the intestine, we saw Mr. Guersant insert into the rectum a small speculum with an open groove, which permitted the surgeon to seize the tumour with a hook, and to place with a ligature-tightener a thread around its attachment, and the polypus mortified and fell away in less than two days.

In children, polypus of the rectum consists in the hypertrophy of a mucous follicle. This was also the nature of the tumour in the patient who was recently operated on by Mr. Nélaton. In the adult, however, these polypi are sometimes formed by a cancerous structure presenting the usual appearances of this morbid texture. In other cases, they are constituted by a hypertrophic development of the muscular coat of the intestine, covered by the mucous membrane, which may be in a healthy or ulcerous state, and in the latter condition exposing the muscular fibres. This form of the disease is not much known in France, but re-



markable specimens are to be seen in England, particularly in the Hunterian Museum in London.

We now turn to the case which has suggested the above remarks.

Marie D... was, with the exception of habitual constipation, in the enjoyment of good health. She had never passed either purulent matter or blood from the bowels, when her attention was awakened, some eighteen months ago, to the fact that a small quantity of blood had escaped from her with a stool. This discharge returned at irregular intervals, being accompanied by a certain amount of discomfort and of difficulty in the evacuation of the feces. At last, one day she discovered that a small tumour had issued from the anus under the influence of the efforts attending a motion. It continued for some little time to extrude and returned into the bowel without the fact being perceived. These alternate protrusions and disappearances of the growth had recurred several times for five months.

On May 14th, Mr. Nélaton ascertained, by the introduction of a finger into the rectum, the presence, at a depth of twelve or fifteen lines, of a tumour of the size of a chestnut, globulous, hard and studded on its surface with small indurated knobs. It was attached to the anterior wall of the rectum by a stem ten lines in length and 5 lines in diameter at its point of insertion. By examination per vaginam, the growth could readily be caused to protrude by pressure backwards, and the extrusion of the tumour was sudden and attended with fetid emanations.

The only indication in this case was clearly to divide the peduncle of the polypus. But the knife or scissors were on consideration rejected for this purpose, hemorrhage in an intestine susceptible of enormous dilatation being much to be dreaded and liable to imperil life before even its existence is detected. Mr. Nélaton had recourse to Mr. Chassaignac's *écraseur*, an instrument peculiarly suitable in this instance, and which here, as in many other cases, perfectly answered the object with respect to the twofold consideration of promptness and safety (1).

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(1) In juxta-position with the above we record the two following cases forwarded to us by Dr. Alph. Amussat.

Case I. — Mrs. D.... aged 45, of strong constitution, and bilious tem-

## ART. 5669.

## OPHTHALMOLOGY.

(Dr. Desmarres' Dispensary.)

*Partial paralysis of the fifth pair. — Wound of the cornea and sclerotic. — Fragments of percussion-caps, and foreign bodies penetrating into the deep-seated parts of the eye-ball.*

A young woman, who had experienced a violent contusion of the left temple and orbit, applied merely evaporating lotions, and when the pain had ceased, she found that, on the injured side, the skin of the forehead, the cir-

perament, enjoyed excellent health up to the age of 40. At this period she complained of uneasiness and subsequently of pain in the region of the sacrum and in the neighbourhood of the womb, and her sufferings, instead of subsiding with time, gradually increased and caused her sufficient anxiety to induce her to resort to Paris for medical advice. Several cauterizations and appropriate treatment succeeded in removing an enlargement of the cervix attended with ulceration. Feeling more comfortable in this respect, she determined not to leave Paris without being relieved of a polypus of the rectum the existence of which she had become aware of fifteen years previously, after a confinement. This tumour, which at first was very small, had slowly and steadily increased in size, and extruded after every motion of the bowels, and when she returned an enema.

The patient was examined carefully by Dr. Amussat who discovered a fleshy polypus with a distinct pedicle and analogous in point of size to a large cherry.

On October the 11th 1854, Mrs. D..., after passing an enema, was directed to kneel upon the edge of an arm-chair, and to continue to make bearing-down efforts. The polypus issued from the rectum and was seized with a hook by which means an assistant prevented its return into the bowel. Mr. Amussat then embraced the pedicle with a forceps, the grooved blades of which contained a paste consisting of Vienna caustic and alcohol; the instrument was applied for four minutes. It was then removed, the cauterized part was carefully washed so as to carry off the uncombined portions of caustic, and lubricated with oil; the tumour was then permitted to return into the rectum.

On the 12th the patient had an evacuation followed by slight smarting.

On the 16th she was examined after the exhibition of an enema; no

cumference of the orbit, and especially the inferior lid were insensible to contact. When she applied at the dispensary, Mr. Desmarres ascertained that the parts above mentioned, and even the surface of the eye-ball could be pricked with the point of a pin, without any sensation being awakened. The ophthalmic nerve and the infra-orbital branch were chiefly affected. Partial paralysis of the fifth pair of nerves

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tumour issued from the intestine, and a finger having been inserted into the rectum, no foreign body was detected. One week afterwards, she left Paris, and Mr. Amussat has since received satisfactory accounts of her health.

Case II. — Mr. B.... aged 48, of lymphatic temperament, enjoyed fair health, although now and then he was troubled with dyspepsia and occasional hemorrhoidal attacks, with a slight oozing of blood. This condition had never awakened any serious anxiety, and with the aid of some trifling medicine and attention to diet, his health was, on the whole, satisfactory. In 1856, after one of the attacks alluded to, he noticed protruding from the anus, in addition to the hemorrhoidal swellings, a small whitish and painless growth. He considered it at first unnecessary to consult his physician on the subject, but the tumour having increased in size, he caused it to be examined by Dr. Amussat.

This gentleman, whose advice was sought in December 1857, ascertained the presence of rather large hemorrhoidal tumours and of a cylindrical polypus 5 lines in length and of the size of a large quill. This polypus, inserted upon the mucous membrane above the hemorrhoidal vessels, extruded during the efforts which accompanied defecation; it was painless, white and of very solid consistency.

On december 16th 1857, the patient, after taking an enema, was placed in bed in the attitude required for the excision of hemorrhoids, bearing down efforts being continued. Mr. Amussat seized the basis of the tumour with the forceps above described, and cauterized it circularly. The hemorrhoidal vessels beneath, bleeding readily, were touched with a stick of the Filhos caustic (solidified Vienna paste), and with a small quantity of chloride of zinc.

On the 22nd the polypus and eschar had fallen away, the wound presenting a healthy appearance; Mr. B.... was permitted to rise and take some food, the amount of which was gradually increased, the motions being streaked with blood.

The wound healed after a short time and the patient returned to his usual avocations; in the beginning of February 1858, he was perfectly cured and he has since enjoyed excellent health, no relapse having taken place.

These two cases illustrate the history of polypus of the rectum and are further interesting as they indicate the results which may be expected from cauterization when any reasons are present to induce the surgeon to prefer this method to ligature or to excision with the *écraseur*.

H. C.



is occasionally observed, and is serious only when the nutrition of the eye dependent upon the filaments emitted by the trifacial nerve is impaired. In the present case nothing of the kind was noticed; the patient, who felt however very anxious about her symptoms, was suffering from mere local anæsthesia for which Mr. Desmarres prescribed the ensuing course of treatment:

To take every evening three of the following pills :

<i>R.</i> Quinæ valerianatis	}	aa 1 gr.
Extract. Cinchonæ		
Syrupi . . . . .		q s.

*M. It.* pilula; mitte 18.

2 embrocations to be made four or five times daily upon the forehead, temple, the circumference of the orbit and the eye-lids with a wadding pledget, impregnated with a tea-spoonful of the following solution :

<i>R.</i> Strychniæ . . . . .	I gr.
Spirit. Lavandulæ. . .	10 dr.
<i>M.</i>	

We have had no opportunity of again seeing the patient, but in cases where the anæsthesia is consequent upon external injury, common sensation is speedily restored by the remedies above indicated, to which may be added, if necessary, and with perfect confidence in the result, local electrization.

— Wounds of the cornea may be productive of very serious consequences and even of the total loss of the eye; but patients occasionally escape this fearful result, and the division heals in an astonishingly short time.

A boy eight years old, running heedlessly up a staircase, violently encountered a man bearing in his hands fragments of glass, the lance-shaped extremity of one of which penetrated into his right eye. The organ was divided in two, a little below its horizontal diameter. The cornea and sclerotic were entirely cut through, and a small portion of the iris and of the choroid issued from the wound. Some

hours after the accident, Mr. Desmarres, on examining the eye, found the pupil much contracted, and ascertained at the same time the extrusion of the iris. He at once prescribed instillations of atropia into the eye (atropiæ sulphatis 1 gr., aq.  $2\frac{1}{2}$  dr.; 15 to 20 drops to be introduced daily into the eye), and the permanent application of ice upon the organ. On the following day the pupil remained perfectly black, and no sign of the formation of cataract existed. The treatment was persevered in, and morning and evening one of the ensuing pills was exhibited :

<i>R.</i> Calomelanos	$\left\{ \begin{array}{l} \text{aa } 5 \text{ gr.} \end{array} \right.$
Rhei . . . .	
Magnesiæ. .	

*M.* divide in pilulas 6.

Atropia and cooling applications, together with the recumbent attitude and a dependent position of the head in this case were sufficient to cause reduction of the prolapsus of the iris; the wound healed by the first intention, and naught remains of this apparently frightful injury but a linear scar which, being situated below the pupil, in no wise interferes with vision.

Had the hernia of the iris not been spontaneously reduced, it was Mr. Desmarres intention to remove by excision the parts of the membrane included within the lips of the wound, as in the operation for artificial pupil.

— We have on another occasion treated of foreign bodies engaged in the cornea or conjunctiva; we will now say a few words of those which interest the iris, or occupy a more deeply seated portion of the eye-ball.

Foreign bodies can penetrate as far as the iris, but of course after traversing the cornea or sclerotic only. If the injury is of recent occurrence, the foreign substance may sometimes be seized with a forceps or a little scoop, and the inflammation consequent upon this delicate and painful operation being subdued by proper remedies, the eye may be saved. Mr. Desmarres related an interesting case in point which had fallen under his own observation. A young gentleman, who had gone out shooting while firing

at a hare, towards noon, felt a very trifling blow upon the eye. The accident caused some slight winking, but he soon forgot the circumstance, and continued his sport, and in the evening he experienced no particular sensation. The next morning the eye was found to be red and painful. Leeches were applied, but without any benefit. Twenty four hours later, the redness and vascularity of the eye were undiminished, and vision was indistinct; a fresh application of leeches, blood-letting, aperients, and subsequently blisters were unavailingly resorted to. At the expiration of a fortnight, the pain having become excruciating, the patient applied to Dr. Desmarres, who discovered at the upper and outer part of the cornea, between that membrane and the iris, a whitish substance with black edges, equal in size to a couple of hemp-seeds, the iris presenting a greenish colour and vision being utterly lost. Mr. Desmarres asserted the presence of a foreign body in the eye, a diagnosis to which the young sportsman objected the fact, that the pains had begun the day after his expedition only. Mr. Desmarres examined the eye with a probe, and fearing that the foreign substance might be displaced by his researches and fall farther back into the eye, the surgeon requested the patient to fix his sight upon some object, and steadied the eye with his fore and middle-fingers; he tested the patient's firmness by irritating the cornea, a procedure which elicited no movement or agitation. Mr. Desmarres then inserted through the wound a very fine forceps, seized the foreign body and removed it; it turned out to be a fragment of a percussion-cap, and ten days afterwards the patient returned home, his sight being perfectly restored.

When the foreign body has penetrated beyond the iris, it may still be extracted, but the eye is generally destroyed, at least as regards its functions. A woman, engaged in the occupation of spinning, at a few feet distance from some young men, who were exploding percussion-caps, was struck in the eye by a metallic fragment, which perforated the sclerotic. Mr. Desmarres, who was consulted some hours after the accident, enlarged the pupil in the first place with atropia, perceived a shining speck in the field of that aperture, and determined at once upon active inter-



ference. He inserted a lance-shaped knife downwards behind the lens, and reached the vitreous humor; he then substituted a forceps to the knife, and after some little hesitation caused by optical illusions, he at last seized and removed the foreign body; but vision, which was already much compromised at the time of the operation, was gradually destroyed; the organ, however, was preserved and did not subsequently become atrophied.

With the assistance of the ophthalmoscope, Mr. Desmarres has more than once been enabled to detect the presence of foreign bodies in the eye. He has used it with advantage in mechanics wounded by fragments of iron, which had penetrated into the eye as far as the vitreous humor. In the case of a sportsman, Mr. Desmarres once discovered with this instrument a grain of very small shot, which for twenty four hours had been lodged in the inferior and external part of the right eye. This was, however, the only advantage afforded by the use of the ophthalmoscope. The pupil was contracted, the inflammatory action violent, and the vitreous humor mixed with blood; the operation was considered to be impracticable, and the eye was ultimately destroyed by a phlegmon.

The practitioner should seek for a sign, which is common to all these cases of foreign bodies deeply engaged in the eye: we refer to the green colour of the iris. It was this symptom which induced Mr. Desmarres to suspect the presence of some foreign substance in the case of the young sportsman we have above alluded to. When the eye retains in its deep parts some foreign body, the iris never preserves its natural colour. If a patient states that he has been struck in the eye by any substance, but that either it has not penetrated into the organ, or has escaped from it, consult the hue of the iris, and if it is green, you may boldly assert that the foreign body is still present within the injured organ. A gentleman suffering from the eye maintained that the part had been merely lashed by a fragment of a percussion-cap, and Mr. Jobert himself, on examination, had stated his opinion that the case was destitute of gravity. But violent inflammation set in, and all sorts of antiphlogistic measures, including the application of a seton, were resorted to. The patient was con-

fined to his bed, lost sleep and appetite, and contemplated with despair the destruction of his future prospects. Mr. Desmarres was consulted under these inauspicious circumstances. The pupil was completely obliterated, but from the mere fact of the green colour of the iris, he confidently expressed his belief in the presence of some foreign body in the eye; he succeeded in removing the cause of the symptoms, preserved the other eye, which was gradually becoming weaker, and delivered the patient from the pains which had tortured him for so long a time.

## MEDICAL CORRESPONDENCE.

ART. 5670. RETENTION AND SUPPOSED ABSORPTION OF THE PLACENTA.—Instances of more or less prolonged retention of the placenta abound in the records of science. The after-birth may be retained several months in the uterine cavity, with or without evil consequences to the patient. Rouysch relates even a case in which the placenta thus retained did not prevent fecundation, and was expelled only with the after-birth belonging to the second child. Usually, despite Mad. Boivin's assertions to contrary, modern authors admit the possibility of the absorption of the secundines without fatal consequences, and unless I have been grievously mistaken, the following case appears to me to be one of this description :

On July 12th 1858 I was summoned to the village of Montespan, to visit a woman aged thirty-three, who four hours before had been confined of a still-born child.

During that interval, the midwife had attempted to remove the after-birth; but the cord had broken at its point of attachment to the placenta. The patient was however quiet, and the body of the uterus, forming an inert and hard ball above the pubes, was the seat of no appreciable contraction. By examination per vaginam, I ascertained however that the superior orifice of the os uteri was so tightly closed that I found it impossible to introduce two fingers into the womb without occasioning the most severe pain; I was therefore unable either to feel the lacerated extremity of the cord or the envelopes of the foetus. Under these circumstances, I bled the patient copiously and applied to the cervix extract of belladonna, satisfied that, on the following day, I should find the os uteri either dilated or in a dilatable state. These expectations were not realized, the womb continuing in the same condition. I then prescribed a bath and an antispasmodic mixture. On the 14th no change having taken place, the same remedies were continued with the addition of emollient injec-

tions; the lochial discharge was scanty. On the 15th milk-fever appeared, the lochiæ were suppressed, and the os uteri preserved its rigidity. The feverishness lasted thirty-five hours, when the discharge returned without any fetor. The retention of the placenta being unattended by any morbid symptom, I abstained from any unnecessary interference, and awaited the result. On the 24th, twelve days after confinement, the patient rose and attended to her household duties. On the 30th the menses reappeared, lasting one day only. On the 4th of October they returned and continued four days, again recurring naturally on the 3d of November; the health at the same time was excellent.

At this period the patient assured me, and I have no reason to doubt her word, that since her confinement her mind had been constantly preoccupied by the fact that delivery had not taken place; that in consequence of this anxiety she had carefully watched the discharge which had lasted five days, and that never, either during or since that period, had she passed aught but menstrual blood. On the other hand palpation above the pubes left me in no doubt as to the return of the womb to its natural dimensions, whence I conclude that the placenta was retained and subsequently decreased much in size and was finally altogether absorbed.

CASTÉRA, M. D.,

*Pointis-Ynard (Haute-Garonne).*

## SCIENTIFIC MISCELLANEA.

ART. 5671. PUSTULA MALIGNA, CARBUNCULAR DISEASES. USE OF POWDERED INCENSE.— The success obtained for the first time in Italy by Mr. Caïfassi by means of incense in the treatment of malignant pustule and of carbuncular affections in general, substituting for the formerly adopted remedies, especially traditional cauterization, a new curative agent of real value, of easy use and in any case perfectly innocuous, constitute too considerable a progress in the therapeutics of those formidable affections, not to call forth a cordial welcome, or at least not to challenge the serious attention of the medical world. Since 1853, the period of the publication of Mr. Caïfassi's paper, we find that several eminent practitioners, and among them Messrs. Aran, Desmartis Sr., and Vaillandet have brought forward new facts in support of the treatment by *Boswellia thurifera*.

We find on this subject, in the *Bulletin de la Société de médecine de Besançon*, an interesting paper from the pen of Dr. Vaillandet, a medical practitioner of Pin, who reports four cases of carbuncular disease treated by incense-powder. The first was a shepherd of German origin, a kind of giant with a pale, melancholy face, and whose demeanour appeared to



intimate somewhat mysterious and extraordinary. This man, forty years of age, had at Oiselay the care of an ox attacked with carbuncle. Five days after he presented himself to M. Vaillandet in the following state : Violent head-ache, general cold chills, at times nausea with epigastric pains increased by pressure; the tongue was whitish, striated, lance-shaped and moderately red towards the tip; thirst, want of appetite, constipation were present; the pulse was slow, regular, tolerably full; sleeplessness, agitation, general discomfort were observed in sympathy with an affection of the hand.

The left hand presented in the middle of the thenar eminence a large brownish blue spot, with a central pustule, surrounded with whitish phlyctenæ. The whole of the thenar eminence was occupied by this morbid appearance and presented the livid aspect characteristic of incipient gangrene. The patient also complained in all this region of a dull heavy pain, and at times of smarting and even of a burning sensation. The whole hand, and even the fingers, was tumefied, clammy, moderately red; the fore-arm and arm, as far as the axilla, were painful and more or less swollen. The skin was completely insensible in all the parts affected; a characteristic odour of mortification was noticed, and in short the general and local state of the subject were of the utmost gravity.

On the patient's refusal to undergo an operation, Mr. Vaillandet determined on trying the effects of incense-powder, according to the indications of M. Caïfassi; but not then having at hand any *Boswellia thurifera*, he used the ordinary trade incense, which is burnt in catholic churches. With a little saliva, alcohol and this incense reduced to powder he made a paste, a thick layer of which he spread over the whole of the mortified part and  $\frac{1}{2}$  of an inch beyond, and he prescribed for the patient wine and water containing a small quantity of tartarized antimony.

The very next day, the 21th, improvement was evident; an appearance of satisfaction and smiling cheerfulness had succeeded the aspect of dejection of the preceding day. The pulse was calm; neither head-ache nor cold chill were present. The local relief was immediate. The hand was less swollen; a ring of a bright red colour with phlyctenæ was visible around the eschar, which did not appear to have extended its limits; the fore-arm and arm were freer. (Prescription : fresh application of incense-powder diluted and sprinkled with tincture of benzoin, wine and water as above; soup, tea in the evening.)

On the 22nd and 24th repeated applications of incense with tincture of benzoin, soup, and wine and water were prescribed. On the 26th, the epidermis around the diseased part, being removed, a black central spot was exposed, dry, escharified and perfectly limited. Upon the whole, the appearance of the case was most satisfactory. Suppression of incense, cerate mixed with tincture of benzoin. On the 30th nothing was left

but a mere sore of the healthiest aspect; a stimulating plaster was applied, and the cure was perfect in a few days.

In the three other cases, the subjects were : a lady 40 years of age, affected in the back of the hand: a colonel, 70 years of age, who had a shining phlyctena on his thumb; and a baker, 46 years of age, in whom the carbuncle occupied the back of the hand. These three patients were treated like the first, with this difference that, not being sure of the quality of his incense, M. Vaillandet replaced tincture of benzoin by tincture of olibanum, a substitution he had no cause to regret. In short, these four patients recovered very rapidly, and from their cases as from others of an analagous nature, observed in France and in Italy, Mr. Vaillandet has deduced the following conclusions :

1. Pure Indian olibanum, as a topic, must be considered, up to the present time, as a powerful agent of easy use and of constant innocuity in the treatment of malignant pustule and of carbuncular diseases of the skin.

2. This substance applied in time with care and perseverance may generally suffice in all cases, without the necessity of resorting to the actual or potential cautery.

3. In the early stage of the disease incense will most generally arrest the progress of mortification, or as least considerably restrain its ravages.

4. It possesses over the agents inprevious use the great advantage of occasioning no pain, and is not less rapid in its action than the best, and to say the least, is not less certain in its effects.

5. For all these reasons combined, it cannot reasonably be doubted that the new treatment has legitimate claims of superiority over the agents previously in use, if it is true that, to be entitled to this prerogative, it is sufficient to realize the trebble classical desideratum of therapeutic perfection : *tuto, cito et jucundè*.

ART. 5672. CONSEQUENCES OF MEASLES AND SCARLATINA. PRESERVATIVE TREATMENT. — It is a generally admitted fact that it is not in the first stage of measles or of scarlatina, i. e. when the skin is red and swollen, that serious consequences are to be apprehended, but when convalescence is beginning. To avoid them, several precautions are recommended to patients, especially not to leave their room for six weeks; some medical gentlemen go so far as not even to allow a change of linen. The following, extracted from the *Gazette hebdomadaire*, is the method employed by Mr. Scontetten for several years, and which he extols as having been really serviceable.

When convalescence has begun, i. e. when the eruption has disappeared after measles or scarlatina, the whole body should be rubbed over with oil in the following manner : a piece of flannel is steeped in oil of sweet

almonds or olive oil previously warmed in a water bath, and all parts of the body, without excepting the face or feet, are rubbed with the flannel. The friction over, the patient is again conveyed to his bed, where he remains about two hours; the following morning, a tepid bath, at the temperature of 95 or 97 degrees Fahrenheit, is prescribed, in which the subject remains an hour; he then returns to bed, and when the skin is perfectly dry, i. e. three or four hours later, the friction with oil is repeated. These two frictions and a single bath are often sufficient to avert all danger. But however, when the measles or especially scarlatina have been violent, when the epidermis is not completely detached, when the skin remains dry, or presents farinaceous desquamation, the means indicated must be renewed until the dermis has resumed its softness. It is rarely necessary to exceed four frictions and two baths. When these precautions have been taken, convalescent patients may be allowed to go out without inconvenience or danger.

To justify this method and explain its importance, we should remember the state of the skin in children attacked with measles or scarlatina. In the early part of the disease, the dermis is red and turgid; during convalescence the skin contracts and gradually resumes its normal state; but the epidermis which has been distended, being destitute of elasticity, detaches and falls into dust when the eruption of measles had been slight, or falls away in broad and thick laminae when the disease has been more serious and especially in the case of scarlatina; the patient's skin is dry, rough and scaly; perspiration, whether sensible or insensible, is performed imperfectly; the functions of this most important organ are impeded or suspended. When the skin performs its functions badly, the kidneys and the mucous membranes of the respiratory or digestive organs tend to supply its place; hence the secretion of a thick turbid and occasionally albuminous urine; hence stubborn diarrhoea, which may induce emaciation and death; obstinate cough, sore throat, croup, pneumonia or pleurisy with effusion, finally œdema of the cellular textures of the limbs, or accumulations of liquid in the abdomen and in the other cavities, lined with serous membranes. These formidable accidents occur from exposure to cold, when inflammation has rendered the skin more sensitive, and when the functions of the latter are impeded by an epidermis which obstructs its pores. Now, the object of the treatment we have just described is precisely to contend with these causes of disease.

## PRESCRIPTIONS AND FORMULAS.

ART. 5673. COLICA PICTONUM. TREATMENT OF LA CHARITÉ, MODIFIED BY Mr. TROUSSEAU. — A young man, who had been admitted into the professor's wards with the symptoms of colica pictonum, was cured in five days by the following treatment :



1st day. A decoction of cassia was prescribed, prepared as follows : bruise together legumes and seed of cassia 2 oz. boil in 40 oz. of water for a quarter of an hour, strain, and add one ounce of sulphate of magnesia, 3 grains of tartar-emetic, and one ounce of syrup of buckthorn. In the evening one grain of extract of belladonna was exhibited.

2nd day. The painter's aperient enema was administered prepared with an infusion of 2 dr. of senna leaflets in 16 oz. of boiling water, to which was added one drachm of powdered jalap, one ounce of the electuary diaphænix (1) and of syrup of buckthorn. In the evening the patient took 2 gr. of extract of belladonna.

In the course of the night the bowels were relieved once.

3d day. A considerable amendment was observed. The following mixture was prescribed :

R. fol. sennæ. . . . .	1 oz.
Rhei contus. . . . .	2½ dr.
Boil for a quarter of an hour in aquæ. . .	5 oz.
Strain, add :	
Syrupi rhamni. . . . .	10 dr.
Sodæ sulphatis. . . . .	4 dr.

In the course of the evening the anodyne painter's enema with ol. juglandis 6 ½ oz. and vini gallici 10 oz. was administered. Also, a pill of 2 gr. of extract of belladonna.

From this hour the bowels acted freely, and the belladonna was continued alone. We should not omit to say that, in this case, Faraday's electricity was applied from the beginning, and had much diminished the pain, without however modifying in any way the principal disease.

ART. 5674. COD-LIVER OIL PANADA. — We are informed by the *Bulletin de thérapeutique* that Mr. Bassi has recently proposed under this denomination a new method of exhibiting cod-liver oil, which has permitted this medicine to be taken not only without reluctance but with pleasure.

Take eight ounces of white bread broken in pieces toasted at a moderately hot fire, throw them into a tinned saucepan with 5 pounds of water; boil down to one half; strain with slight pressure, and heat gently until the fluid assumes a gelatinous consistency; add 3 ½ ounces of loaf-sugar and 2 oz. of isinglass. Remove the mixture from the fire and allow it to cool; add 40 gr. of tartaric acid and mix.

The bread jelly being thus prepared, take :

Bread jelly. . . . .	4 oz.
Cod liver oil. . . . .	1 oz.
Cinnamon water. . . . .	1 oz.
Essence of lemon. . . . .	12 drops.

Mix well in a glass mortar.

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(1) A warm cathartic corresponding to the *Confectio Scammonii* of the London pharmacopeia.

In consequence of the power of absorption and of suction of the bread, the dose of cod-liver oil may even be increased without fear of its separating from the mass. The best pale cod-liver oil should be preferred, because, although it may perhaps be somewhat less rich in medicinal ingredients, it can be exhibited in this form in large doses.

ART. 5675. A NEW TREATMENT FOR GOUT AND RHEUMATISM. — In a report to the Academy of Medicine, Mr. Bouillaud describes the treatment proposed by Dr. Lecalvé for gout and rheumatism, two diseases which that gentleman conceives to be nearly akin, and which should therefore be considered jointly.

The syrup and the topical application in which Mr. Lecalvé's treatment principally consists are prepared as follows. For the syrup :

R.	Extr. spirit. aconitæ. . . . .	} à 8 gr.
	— digitalis. . . . .	
	— menth. pip. . . . .	
	Extr. aq. Persicariæ. . . . .	16 gr.
	Aq. destill. . . . .	q. s.
	Ut fiat solutio.	
	Syrupi gummi acaciæ. . . . .	10 oz.

For a syrup of which a tea-spoonful should be taken three times a day in a glass of gum and water.

For the topical application :

R.	Tinct. hederæ. . . . .	} à 3 ½ oz.
	— scillæ. . . . .	
	— menth pip. . . . .	
	— belladonnæ . . . . .	2 oz.
	M.	

A compress impregnated with this fluid should be applied to the seat of pain.

Mr. Bouillaud, in reporting on Mr. Lecalvé's communication, merely indicated, without expressing any approval, a method of empirical treatment proposed for diseases, one of which at least, rheumatism, is, in the opinion of the learned professor, essentially of inflammatory nature, and requires an energetic antiphlogistic treatment, for the purpose of averting cardiac complications.

ART. 5676. SYPHILITIC SYMPTOMS. MR. RICORD'S COMPOUND SYRUP. — Dr. Foucart recently called attention, in the *France Médicale*, to the advantages derivable from a mixed treatment combining the exhibition of mercury and iodide of potassium, for the treatment of certain morbid manifestations on the surface of the tongue, which appear to be interme-

diate between secondary and tertiary syphilis. Under these circumstances, says Dr. Foucart, the most promptly and completely efficacious preparation is the syrup recommended by Mr. Ricord for such cases. It is composed as follows :

R. Hydrarg. biniodidi. . . . .	3 g.
Potassæ hydriodatis. . . . .	$\frac{1}{2}$ oz.
Syrupi acaciæ. . . . .	16 oz.

## ART. 5677.

## LEARNED SOCIETIES.

ACADEMY OF SCIENCES. The Academy proceeded to the election of a correspondent for the section of medicine and surgery, to replace Dr. Marshall Hall.

At the first ballot, the number of votes being 48, Herr Virchow of Berlin obtained 30, Signor Riberi of Turin 15, Prof. Rokitanski of Vienna 1. Herr Virchow was declared duly elected.

—Mr. Pétrequin of Lyons communicated, through the medium of Mr. Velpeau, a paper entitled : *Use of electricity in the treatment of paralysis and certain catarrhal inflammations of the bladder*. After having ascertained the frequency of paralysis and catarrh of the bladder in the aged, and the inefficacy of the greater part of the medicines in use for these affections, the author is of opinion that electricity may render considerable service under these difficult circumstances.

Paralysis of the bladder is essential or symptomatic. The former is often the consequence of a fall followed by concussion of the brain; sometimes it owes its origin to excessive fatigue; or it is a rheumatic neurosis of the muscular fibres of the bladder. Mr. Monod once saw a woman affected with paralysis of the bladder occasioned by asphyxia from charcoal. Mr. Philipeaux mentioned an instance of the same disease, which arose from indulgence in too copious libations, one of its most common causes. In these varieties of paralysis or inertia of the bladder, electricity has perfectly succeeded; and it meets better than other means, according to Mr. Pétrequin, an important indication, viz. to cure rapidly, in order to prevent inertia assuming the character of stubborn paralysis.

Electricity may be of considerable service, should even the paralysis be symptomatic. Thus, when the paralysis survives the disease which produced it, a not unfrequent occurrence in the old and weak; when the obstacle being slight or incomplete, it is sufficient to diminish its influence by promoting the contractions of the bladder, electricity is a power-



ful auxiliary for the purpose of restoring the urinary functions. This is particularly evident in the case of moderate hypertrophy of the prostate gland.

But treatment by electricity for certain forms of vesical catarrh is a question of greater novelty. It must be understood that we here refer neither to acute catarrh nor to acute cystitis; electricity is applicable but to that form of chronic catarrh which, in the aged and debilitated, is ever complicated by a certain degree of inertia of the bladder. The catarrh and inertia then exercise on each other an unfavourable reaction; the bladder, not being voided for want of elasticity, the renal secretion stagnates, becomes impaired and mixed with muco-pus, by which it is decomposed and rendered acrid, irritant, and a cause of fatigue to the muscular coat. Remove this paralysis, the urine is expelled and the aspect of affairs suddenly changes. This did occur under the influence of electrization in a patient whose case was alluded to by Mr. Pétrequin.

It is not indifferent in these various cases to employ one mode of electrization in preference to another. Rigorous observation of the symptoms induced the belief that the inductive apparatus, producing Volta-Faradic currents presents the most eligible conditions for successfully contending with paralysis of the bladder; in the case referred to by our author, the apparatus employed was that of Mr. Duchenne, Mr. Pétrequin introduced into the urethra, without voiding the bladder, an India rubber catheter with a large iron mandrel, and into the rectum a thick bent metallic rod. One of the poles or reophores was successively brought into contact with the mandrel of the catheter and the rod placed in the rectum, while the other conductor, whose handle bearing a cup was supplied with a wet sponge, was brought into contact with the hypogastric region without touching either the inguinal folds or the walls of the iliac fossæ. The electrization, which was however moderately powerful, lasted nearly 25 minutes; the patient felt no pain; but no appreciable effect was produced on the disease. In the evening, the operation was renewed for about 20 minutes, the patient evincing more sensibility; the following night, two or three spontaneous emissions of urine took place. This treatment was persevered in, and, after a fifth very painful electrization, which lasted ten minutes, micturition was voluntarily and regularly effected. It is generally important to resort to temperate electrization of short duration.

— M. Flourens read a short communication on the continual change of matter in the animal system and on metaplastic force. Mr. Flourens reminded his hearers that, in 1847, he had already described experiments consisting in placing a small plate of platinum between a bone and its periosteum and following the plate in its progress from the exterior to the

interior of the bone, which lasted thirty-six days. Since that time M. Flourens has repeated his experiments ; and he has ascertained that thirty-six days are the average duration of the process. The minimum is thirty, the maximum forty-three days, His experiments have enabled him to conclude that, during the period of the growth of animals, a complete renovation of matter takes place five or six times. " Whatever may be its precise duration ", added he, " it is accomplished several times, and that sufficiently proves that in living bodies there is a force which governs matter, as there is another that governs form. "

ACADEMY OF MEDECINE.— Dr. Putégnat, of Lunéville, a corresponding member, in a letter dated Maythe 20th 1859, proposed for solution the following question to the Academy :

" Despite the provisions of Art. 378 of the penal Code, has a practitioner the right to give publicity to a *hitherto undescribed* form of disease, and to a cause *heretofore unknown* of another disorder which he has conscientiously studied in certain workshops of a factory ? "

Mr. Devergie, who reported on this question, communicated his reply to the inquiry. Art. 378 of the penal Code, said the learned member, reads as follows :

" Physicians, surgeons and other medical practitioners, and likewise apothecaries and midwives who, by their functions or profession, are entrusted with *secrets confided to them*, who, except in the cases in which the law requires them to give evidence, *betray* such secrets, shall be punished, etc. "

But a physician attending a factory, where he *ascertains* the presence of a *hitherto undescribed* disorder imperilling the life or health of the operatives, and who discovers a *heretofore unknown cause of disease*, is not the trustee of a *secret confided to his professional discretion*, and therefore is not comprised in the category of physicians specified in Art. 378 of the penal Code. Any other interpretation would close one of the portals of science and of the study of public and private hygiene ; it would deprive a class of mechanics of the advantages derivable from a discovery which may be the means of preserving them from diseases generated by the nature of their occupation.

Mr. Devergie therefore proposed to reply to Mr. Putégnat's inquiry that not only he is at liberty to communicate to the Academy, or to publish in some scientific journal the results of his observation, but further that, in the interests of science and humanity, it is a duty for him to do so. This proposition was adopted, and in consequence of the vote, Mr. Putégnat lost no time in forwarding to the Academy a paper entitled : *Diseases of crystal and glass-cutters ; researches on the causes of the comparative frequency of pulmonary consumption among these operatives*. This memoir is referred to

a committee consisting of Messrs Patissier, Londe and Devergie who will report upon its merits.

— Professor Piorry read a paper on the *anatomical, physiological and rational treatment of disease, compared with the empirical and specific therapeutic method.*

Rational therapeutics, or the common sense method of treatment, is, in Mr. Piorry's estimation, based upon positive and unquestionable facts, and its results may almost invariably be measured and calculated with precision. After having enumerated the various pathological entities, the learned Professor expressed himself as follows on the subject of *diseases of the circulating system* to which he gives the denomination of *angiemix* :

“ Digitalis acts specially upon the heart and generally lessens its activity. Although Mr. Bouillaud has pointed out the rules by which its exhibition should be governed, the greater number of practitioners persist in considering it a dangerous and uncertain medicine, to be used successfully but in particular well defined instances. This drug is of no avail for the purpose of removing the structural cause of the symptoms, a few of which it, at most, alleviates. Opium and the various anodynes are ineffectual to produce any curative or even palliative effect upon disease of the heart. If they have been found beneficial in some cases of cardiac disturbance, it is merely in these instances on account of the presence of intercostal neuralgia, which rendered the natural and regular concussion of the ventricles of the heart upon the suffering nerve highly distressing.

“ The leading question in the treatment of hypertrophy of the heart is whether it is or is not desirable to decrease the size and vigour of the heart, and this question, which so frequently calls for a negative answer, can be decided upon but by logical deduction : it is a well ascertained fact that, by the exhibition of no specific, can a contracted heart be dilated, nor a distended heart be lessened in size. Now, ten or twelve deep sighs cause a decrease in the right auricle and subsequently in the ventricles of 4, 8 and even 15 lines, and on the contrary, if, for a few minutes, respiration is interrupted, all the parts become distended with astonishing rapidity ; the frequent repetition of these acts is alone sufficient, after a time, to modify considerably the volume of the heart.

“ Of the numberless medicines formerly extolled as styptics and anti-phlogistics, scarcely a few remain, almost all having been abandoned on account of their inefficacy. Now, it suffices, taking into account the influence of the laws of gravity upon the course of the blood, to place the diseased part in a more elevated attitude than the rest of the body, or even to exercise gentle pressure upon the seat of inflammation, to diminish its intensity or even to remove it altogether.



“ Hypoxemia (Mr. Piorry’s name for asphyxia), a morbid element which forms a part of so many diseases, can be successfully contended with only by entirely anatomical and physiological means, the object of which is to meet the important indication of placing the blood contained in the capillaries of the lung in contact with pure air; to remove mechanical obstructions to respiration such as sputa, bronchial secretions, false membranes; now to cause deep and frequent inspirations to be performed, or even to insufflate air into the lungs; to revive, by electricity or other appropriate measures, the action of the heart : such are the actual resources of medical science.

“ The presence of any known poison in the blood of course requires the exhibition of the special antidote. If those medicines were considered specifics of which chemistry points out and explains the action, this medication would be called chemical, physiological, anatomical, and no dissentient voice would be heard; but the friends of specific treatment do not thus understand the matter; their remedial action is guided by mere chance against the unknown causes of epidemic or contagious diseases, and they resort in their practice to the grossest empiricism. ”

In another part of his discourse, Mr. Piorry, on the subject of whooping cough, inquired what had been the results of specific medication in the treatment of that disease. “ They have been,” said the Professor, “ perfectly negative, as the Academy must know. Now large doses of sulphate of quinine, exhibited by rationalist practitioners for the purpose of contending with the periodicity of the paroxysms of cough, have succeeded in allaying the fits and prolonging the intervals of immunity. ”

“ An immense number of specifics, ” further added Mr. Piorry, “ have been recommended for gastralgia and dyspepsia, diseases symptomatic of various local lesions, and requiring therefore the most varied remedies. Specifics have been powerless for the removal of pyrosis, and you all know the benefits derived since Darcet’s labours by the rational exhibition of magnesia and bicarbonate of soda, for the saturation of the acids which cause the evil. Specifics have not even been hinted at for softening of the stomach, a disorder which, in its incipient stage, yields so readily under the influence of nutriment, alkalines, and an attitude calculated to prevent the constant sojourn of gastric juice upon the seat of the complaint. Certain mildly aperient articles of food and the habit of evacuating the bowels at fixed hours are frequently successful in giving regularity to the motions; abstinence from drink occasionally checks diarrhoea; copious enemas usefully cleanse the large intestine; albumen, a nutritious substance, solidifies the dejections; the local application of semi-fluid fatty substances promotes the passage of the feces, whether exhibited with a view to protect the mucous membrane from rough contact, or prescribed for the treatment of fissura or hemorrhoids.

“ The number of specifics extolled in hepatic diseases, in cholemia or jaundice is likewise very considerable. They have mostly been prescribed without sufficient previous inquiry into the healthy or morbid condition of the chylopoietic organs.

“ Of all these remedies, one only has preserved its reputation : the bicarbonate of soda or Vichy water, of which it is the principal mineralizing ingredient. Now I assert that the majority of persons who resort to this Spa are so free from hepatic disease that, in a very large number of patients of this description, I found the liver in a perfectly sound condition. These subjects were merely affected with acidity of stomach, requiring only an appropriate diet with the persevering use of sufficient doses of bicarbonate of soda. This is not all : blood-letting repeated at short intervals causes the congested liver to decrease in size, an identical result being also produced by deep and reiterated respiration, and hydragogue aperients likewise occasion a rapid diminution of the volume of this viscus. Certain diseases, such as cirrhosis, cancer of the liver, etc., have resisted the rational treatment ; but in these unfavourable cases specific medicine does not even succeed in allaying the concomitant and adventitious symptoms. Durande’s mixture never yet dissolved a biliary concretion, nor has chloride of sodium succeeded in removing hepatic hydatids....

“ Previously to the discovery of the fact that the diseased spleen is the cause of periodic fits of fever, the nature of the febrile attacks unquestionably remained unknown, until it was elucidated by the return of the intermitting paroxysms, and many intermittent fevers thus remained undetected : but the practitioner skilled in plessimetric percussion discovers in the mere circumstance of enlargement of the spleen the indication for the use of quinine. Anatomical diagnosis has further established : 1. the almost instantaneous retraction of the spleen under the influence of large doses of soluble quinine ; 2. that this medicine can be exhibited without any disadvantage and with utility either before, during or after the febrile paroxysm ; 3. that remitting fits during the course of continued fever are connected with splenic enlargement and yield to the use of cinchona ; 4. that certain intermittent fevers, which are unsubdued by quinine, are symptomatic of intercostal neuralgia of the left side, etc. Organography or the art of delineating on the surface of the body, with the help of percussion, the size and form of the viscera, has further shown that chloride of sodium and shower-baths cause the spleen to diminish in size, and cure intermittent fever ; that salicine and other succedanea of Peruvian bark have no more action upon the spleen than upon the paroxysms. From these various facts, the natural consequence is obviously that quinine should not be viewed in the light of a specific, but of a special remedy acting most beneficially upon the spleen, the anatomical change of which is the real cause of the fever. ”

The above are the leading points of Mr. Piorry's memoir; his conclusions are as follows :

The preceding clinical remarks taken as a whole appear to the Professor of La Charité to prove beyond the possibility of contradiction :

1. That therapeutics repose almost exclusively upon anatomical and physiological knowledge, enriched with physical and chemical facts and rendered fruitful by clinical observation.

2. That positive therapeutics can be securely based upon these various data only which facilitate the estimation of the *causes, pathology* and *effects* of the local changes, to be, in the first place, ascertained by an *extremely accurate diagnosis*.

3. That rationalism, which since Descartes has presided over the labours of true observers, must be viewed as the ground-work of medicine, as it also has been the base of the other natural sciences.

4. That, previously to seeking for new remedies for a *disease*, it is requisite to ascertain with precision the existing condition of the organs, and to study carefully the influence of the remedial and hygienic agents already known upon such conditions.

5. That by far the greater number of real advancements of therapeutics are based upon medical rationalism, guided by accurate diagnosis.

6. That specifics, directed against an unknown cause, which accident alone reveals, are very few in number and should be adopted in practice only when indicated by rationalism and by the most precise diagnosis.

7. Finally, that medical rationalism and its adjunct common sense therapeutics are unjustifiably criticised by certain practitioners, for the purpose of extolling on the slenderest props the coarsest specificism, grounded upon mere chance, supported upon fancy and novelty only, and encouraged by the credulity of an ignorant public, hostile to science and seduced by the meretricious attractions of mysticism and of delusive promises.

“ In conclusion, Mr. Piorry declared this was a gauntlet thrown down to vitalists and partisans of specifics. If his challenge was unnoticed, he would register the prudent forbearance of his adversaries, and proclaim it a proof that they considered him as thoroughly in earnest.”

—Dr. Deville, a candidate for the vacant seat in the section of hygiene, read a paper entitled: *Researches on the proportion of still-born children compared with the mortality of the city of Paris during the thirteen years 1846-58*. The author summarizes these investigations in the following terms :

“ From the above, said Dr. Deville, it is mathematically demonstrated that the average member of still-born children in Paris is on the increase, and for the last thirty years has been constantly progressing. This result is established by the returns of the municipal registrars, the



number of still-births being, in 1829, 5 per cent and a fraction; in 1839, 9 and 91 hundredths per cent; and amounting in 1859 to 11 per cent.

“ An augmentation of this description must be accounted for, and admitting, at the same time, that it is susceptible of various explanations, we estimate that its principal causes are criminal abortion and the too frequent exhibition of ergot of rye during labour.

“ These are the only conclusions we consider ourselves justified in extracting from the various documents we have placed before the Academy.

“ We can only, at the close of this paper, express a wish that the motive by which it has been inspired may be taken into consideration by the Academy and by the Administration.

“ The question of criminal abortion is doubtless one of extreme difficulty; it is not, however, beyond the reach of the enlightened prudence, and the firm will of the authorities. It is a subject of such vital import to society in general, that we feel convinced it cannot but awaken the anxious thought of the persons who from their position are entrusted with the application of the laws and the control of public morals.

“ As to the exhibition of ergot of rye, in our eyes a frequent cause of death to the child during parturition, we think the Academy might offer the question for study and name a committee, not for the purpose of causing one or the other opinion to prevail, but which, calling to its aid all the cases on record, and estimating their value, and further collecting all the disinterested and sincere documents in existence on this important matter, might enlighten the Administration, propound rules and ascertain if by the law of the year XI of the French Republic and the various decrees on the matter, midwives are empowered to prescribe, and, in the contrary case, if they are not liable to punishment. It would have to decide whether ergot of rye can be viewed in the light of a medicine and does not belong to that class of substances which chemists are not permitted to deliver except on presentation of the prescription of a regular physician. This committee would doubtless fulfil its mission with that severe but conscientious spirit of investigation observable in all the decisions of the Academy. ”

— Another candidate for the same vacant seat, Mr. Réveil, read two papers testifying to the physiological tendency the progressive influence of which is destined to be powerfully felt in nosology as in therapeutics. The learned chemist's first communication is a memoir relating to the *contamination of spring-waters by products from factories and especially from gas-works* : this memoir was merely laid upon the table. Mr. Réveil then read his second paper upon *poisoning from phosphorus*. One of the results brought forward by the author, as being already manifest from experiments not yet concluded, will be, if confirmed by further research, that phosphorus does not poison by a direct action upon the nervous system, but by its admixture with the blood, preventing the transformation of venous into arterial blood. Mr. Réveil summarized his paper in the following propositions :

“ 1. The progressively increasing frequency of poisoning by phospho-

rus must be referred to the facility with which substances containing it can be procured. This well established fact indicates the necessity for prompt reform in the matter. The only measure to be adopted is to replace, in the fabrication of lucifer-matches common phosphorus by red or allotropic phosphorus, a substance which the experiments of Messrs Bussy, de Vry, Lassaigne, Chevallier, Raynal, L. Orfila, Rigout, and the author have proved not to be poisonous.

“ 2. Common phosphorus in small fragments may remain several hours and even several days in the system without necessarily inducing dangerous symptoms.

“ 3. Phosphorus in a state of extreme division, as it is when dissolved in fatty substances, may be absorbed unchanged, and fatty substances therefore promote its action. Hence it may be conveyed into the organs where it can penetrate with the blood only.

“ 4. The presence of phosphorus in the viscera, where it can have been conveyed but by absorption, is easily ascertained.

“ 5. If the inflammation induced by contact with phosphorus contributes to the aggravation of the symptoms, it may alone produce death ; but in most cases of poisoning it is not necessary for the destruction of life.

“ 6. It is inaccurate to say that phosphorus is poisonous, because it absorbs oxygen from the system ; the acids thus produced have only the destructive power common to all concentrated acids, and are without action when diluted. This is sufficiently demonstrated by Mr. Personne's experiments and by those recorded in the present memoir.

“ 7. In our opinion, the disturbances of the nervous system observable in this kind of poisoning should not, as it has been stated, be attributed to a direct action of phosphorus upon the nervous structures, but to a secondary action referrible to the interference of phosphorus with the transformation of venous into arterial blood. We have reason to believe that experiments, not altogether concluded, will be found to confirm this view.

“ 8. Magnesia is of great service in contending with the symptoms of poisoning by phosphorus. Its action not only consists in the neutralization of the acids formed, but this medicine also dilutes and envelopes the toxic agent. In most instances starch produces much the same effect.

“ 9. In investigating a case of poisoning by phosphorus, three sets of operations have to be entered into : — *a*, ascertain the presence of pure phosphorus ; — *b*, discover the substances resulting from the absorption of oxygen by phosphorus ; — *c*, determine the quantity of phosphorus contained in a given weight of suspicious matter, and compare it to the amount of phosphorus to be found in an equal weight of the same organ in a healthy state.

“ 10. Of these three sets of operations, the first alone may be sufficient to permit the medical jurist to express a sound opinion. The two other series of experiments only confirm the results obtained by the first, and when instituted alone can but establish presumption.

“ 11. It is not possible to seek for the chlorate of potash, in cases of poisoning with lucifer-matches, by the mode of investigation above indicated.

## ART. 5678.

## BIBLIOGRAPHY.

*Traité spécial d'hygiène des familles* (Special Treatise on family hygiene), by Francis Devay, M. D., clinical lecturer at the School of Medicine of Lyons (1).

We are far removed from those times when the medical attendant was the intimate adviser of the family, the friend, whose voice was always listened to. A reserved politeness has replaced in our manners these affectionate and salutary communications. The medical man interferes after the explosion of the evil, rarely to prevent it. Accidentally summoned for some disturbance of health, he performs his mission of a day, and takes his departure, without bestowing on his patients unsolicited advice. Family hygiene has thence fallen into the most fatal disuse. To diminish the gravity of such a state of things books have, it is true, been composed, and these teach what medicine cannot orally convey. In this order of works many and excellent treatises on hygiene have been published; but it may be objected to nearly all that they omit to notice a host of circumstances which exercise powerful influence over chronic and hereditary diseases. The deepest, the most inveterate disorders, those which most disconcert the healing art, have a remote origin. It is absolutely necessary that morbid causes should be better studied and more clearly connected with the effects they produce. No writer appears to us to have approached with more propriety this system of prevision than Mr. Devay in his treatise on hygiene, the second edition of which is now before us.

The matters treated in this work are comprised in four parts: 1. the subject of hygiene or the individual; 2. the hygiene of the family or of the species; 3. physical hygiene or the use of physical modification; 4. moral hygiene or moral modification.

The author, in imparting to the reader the great laws of preservation, reaction, perfectibility, etc., which govern organized matter, has proved, on the one hand, that hygiene has its foundation in physiology, and on the other, that the human system, in order to enjoy not only health, but to attain the desirable degree of perfection, requires little else than judicious direction. Mr. Devay demonstrates that the different parts of human life are, as it were, responsible for each other; that, for instance, the man of mature age, who is overwhelmed with infirmities, has often to impute them to the errors of his youth. Thence the rigorous necessity of

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(1) 2nd edition. 1 vol. 8vo. Labbé.



obliging each age to attend to the practices of hygiene with a view to the benefit to be derived from them in the following periods of life.

In the second part of this work, devoted to family hygiene, the writer more especially distinguishes himself from his predecessors, and treats his subject from a point of view of great boldness and scarcely less novelty.

In studying hereditary diseases, that inexhaustible source of family affliction, M. Devay unhesitatingly enters upon the delicate questions of marriage and fearlessly braves being accused of materialism when he addresses a subject which scrupulous minds would wish wholly to leave in the domain of theology. It is for divines, said he, to sanctify marriage, but for physicians to render it propitious for future generation, by adverting to the danger of certain unions. Where indeed does the antagonism lie between the sanctity of marriage and the prescriptions which precede the religious law by proclaiming, for instance, the fatal consequences of marriage between near relations.

Consanguinity in matrimony is presented as fraught with the gravest dangers to society. It appertains to medical science to investigate and demonstrate by facts how far and why it is prejudicial. We referred, some months since, to the result of investigations instituted in America by Mr. Bemiss on the consequences of 34 marriages contracted between first and second cousins.

Of these 34 marriages 7 were sterile; the others produced 192 children, 58 of whom died shortly after birth. Of the 134 survivors, 47 had defects of conformation or were attacked with more or less serious disease: scrofula, epilepsy, lunacy, dumbness, idiocy, blindness, etc. To these figures, Mr. Devay adds others in the circle of his own observation. First a series of 39 cases stated by the author in his first edition, and which he divides into two categories. In the first are two uncles who married their nieces and three aunts who married their great nephews; the other cases relate to alliances between cousins german or cousins of a more remote degree. 8 of 13 of these marriages were sterile; 4 produced scrofulous children none of whom survived the age of 14, and the 13th gave birth to a living child, afflicted with leprosy. Mr. Devay further remarks that two of the scrofulous children, the issue of these unfortunate alliances, had more than the usual number of fingers. Of the 26 cases of the second category we find 11 unhappy marriages between cousins. In one case, there was one child and he was epileptic; in 3 other cases, the mothers gave birth to children who died of water on the brain or in convulsions; 2 of the marriages were sterile, and in the others, in which the union was fruitful, the offspring was invariably feeble.

Since these 39 cases were published in 1846, Mr. Devay has collected 82 subsequent ones bearing on facts verified by the author; and the latter have the greatest analogy with the former. Of the total number of 121, we find 22 cases of sterility and 17 abortions, and when there has been fecundity, the offspring of consanguineous races present infirmities, anomalies, monstrosities which astonish and afflict families.

Consanguinity is however but one of the aspects in which Mr. Devay examines marriage. He studies with equal solicitude, but perhaps with less authority, the other modes of influence which the previous life of the parties may exercise over the offspring or the matrimonial union.

He sketches the rules to be observed in families to render marriages suitable. He treats with all the development, which so new and interesting a subject will admit, of the possible double transmission of diseases between husband and wife. He first examines marriage considered in itself and

does not hesitate to point out the dangers of conjugal onanism, that attempt denounced in Genesis as violating the laws of nature and prejudicial to the interest of the species.

“In our estimation,” says Mr. Devay, “conjugal onanism is the hidden source of a host of diseases both in man and woman.”

In man, the act of generation, *normally* and *completely* accomplished, leaves as its consequence a state of comfort, comparable to that resulting from the satisfaction of an imperious requirement. The most formidable nervous shock is soon succeeded by a perfect calm, and the most melancholy disposition of mind is followed by a tendency to gaiety and expansion of the heart. On the contrary, when the function has been interrupted by a previous calculation, erethism persists attended with prostration, fatigue and depression of spirits.

These venereal abuses act principally on the spinal cord and thence sacro-lumbar pains, paralysis, dire diseases and sometimes immediate death by sudden nervous prostration *in ipso coitu*. In women, the dangers of conjugal onanism are not less formidable. The degree of perturbation, which such a practice must exercise on the genital system of woman, by exciting ungratified desire, may be readily conceived. When a woman passes her whole existence as a wife under the influence of perpetual excitement, without the genesiac function ever being complete or normal, prostration, fatigue, disgust and at times despair, the motives of which escape her notice, overwhelm her existence and engender diseases which resist all the efforts of medicine. A great number of general neuroses appear to owe their origin to no other cause. Our learned fellow-practitioner has frequently ascertained that the disturbance of uterine innervation in married women, the hysterical symptoms often met with in them as in the unmarried are, without their suspecting the cause, occasioned by the artifices practiced by husbands in their conjugal relations.

These considerations will suffice to enable the reader to appreciate the spirit of Mr. Devay's work, the plan of which is too vast to be easily embraced in its integrity, and to be treated with the same care in its various parts. The views of the author's own mind sometimes occupy too great a space, and it is to be regretted that certain propositions are not supported by incontrovertible facts; but, with the exception of a few imperfections which are prejudicial to the scientific character of the book, this work is nevertheless one of first-rate importance, and intended for the use of the enlightened and cultivated classes of society.

## ART. 5679.

### MISCELLANEA.

— An Imperial decree of 12th June 1856 enacts that the medical service of the army shall be recruited from students, who, after a fixed term of residence at the School attached to the Faculty of Medicine at Strasburg, and after having obtained the diploma of M. D., may be appointed to the functions of second class assistant-surgeons, on passing one year at the Imperial School of application of Military Medicine and Surgery.

For the execution of the clauses of this decree, ■ competition shall be

holden for an indeterminate number of places as pupils of the Medical Department of the Army at the School of Strasburg :

At Strasburg	10 September 1859.		
— Lyons	17	—	—
— Montpellier	21	—	—
— Toulouse	25	—	—
— Bordeaux	29	—	—
— Paris	5 October	—	—

To be admitted to this competition, students must have entered their names for 4, 8 or 12 terms for the diploma of M. D. in one of the three Faculties of Medicine or in a preparatory School of Medicine, and have undergone with note of *satisfecit* the first, the first two, or the first three examinations of the end of the year according to the three above mentioned categories. For the second and third categories the notes obtained at the examinations at the end of the year, presenting an average of *satisfecit*, shall be admitted.

— The *Gazette Médicale* of the Sardinian States contains the following : The great hospital of Saint-Maurice at Turin has placed at the disposal of the allied armies a hundred beds for wounded officers and non-commissioned officers. Up to the 6th June, 8 beds only were occupied by officers slightly wounded. Among these were the Lieut. Colonel of the 43rd regiment of the line and five officers of Zouaves.

— Dr. Mélier, a sanitary physician, had at Marseilles a long conference with the Secretary General of the Prefecture of the Department of the Bouches-du-Rhône, who was invested with the functions of Prefect *ad interim*. The object of this conference was to concert for the new appropriation of the islands of Frioul, to which the wounded of the army of Italy are to be conveyed. The asylums of Pomègue and Rotoneau can admit from 1000 to 1200 patients.

— The *Messenger* publishes the following details on the care taken in the hospitals of Milan of our wounded soldiers :

“ The wounded of Melegnano and some victims of Magenta occupy the *Ospedale Maggiore*, or great hospital, containing more than 2500 beds and two immense convents converted into hospitals : these are the convents of *Fate bene, fratelli* (do good, brethren), and *Fate bene, sorelle* (do good, sisters). The sanitary state of these hospitals is satisfactory. The great hospital especially is in excellent conditions of salubrity. The medical staff is composed of the most skilful practitioners of Milan. Relatively to attention and consolation, which contribute so greatly to the cure of the soldiers, I assure you every one has his share of both, and that devotedness on the part of the officials is not at all wanting. Independently of the sisters of charity, who usually act as nurses, a great number of the ladies of Milan vie with each other in contributing to the cure of the soldiers of Italian independence. Mortality there, in consequence, is not great. Of 37 patients amputated on the 9th of June, not one had died up to the date of my letter (16th June), and all are likely to survive. It is true, the weather is favourable. The heat is tempered by frequent storms and by almost continual breezes.



— A letter from Covo of the 17th June, addressed to the *Milan Gazette*, conveys the following intelligence : The hospital of Monza has placed at the disposal of the sick or wounded of the French and Italian army a great number of beds in a place prepared for the purpose. The city of Cantu, which possesses an hospital, has imitated this example. The town-council of Bergamo and that of Como have been invited to provide room for military convalescents.

— By a decree of 4th June, Dr. Glatigny, assistant-surgeon of the 3rd Zouaves, who took so brilliant a part in the battle of Palestro, has been created a Knight of the Legion of Honour.

— Dr. Legouest, who was attached to the head-quarters of the army of Italy, has just been appointed head-surgeon of the 5th corps d'armée.

— Dr. Baron Larrey, before his departure for the army of Italy as head-surgeon, made a donation to the commune of Baudéan (Department of the Hautes-Pyrénées) of the house in which his illustrious father was born, and of an annual income of 20*l* in consols for the establishment of an infant school and of another school intended for children of that commune. On the frontispice of this house, on a tablet of black marble, is engraved in gilt letters, the extract from the codicil of the will of Napoleon the first : “ I bequeath 100 000 francs (4000*l*) to Dr. Larrey, the most honest man I have ever known.”

— Mr. Boudin has written to the Academy from the head-quarters of the army of Italy, to request that he may be inscribed on the list of candidates to the place vacant in the section of public hygiene and medical jurisprudence.

— An extraordinary prize of 200 Roman crowns is offered by the Medical and Surgical Society of Ferrara to the author of the best paper on the question : “ Of mental diseases in their connection with forensic medicine.” The memoirs written in Italian, Latin or French must be forwarded, free of all expense, before 31st March 1862 to the Secretary of the Medical and Surgical Academy at Ferrara. The author of the prize-memoir will receive 30 copies of his paper, which will be published either separately or in one of the most extensively circulated journals of Italy.

— The *Courrier du Pas-de-Calais* contains the following : “ Our readers may remember the act of devotion which cost Mr. Sturne, a medical practitioner of Blandecques, near Saint-Omer, his life.” We added on this subject that the support of the administration and the government would not fail his widow and son. We are happy to learn that, on the presentation of the Prefect of the department, an exhibition at the Imperial College of Saint-Omer has just been bestowed on his young son.

— The Faculty of Medicine at San-Francisco, says the *Gazette médicale de Lyon*, has just given signs of existence by issuing a prospectus in the English language. This new institution has six professorships. The sciences taught there are : 1. pathology; 2. chemistry; 3. physiology; obstetrics, the diseases of women and children; 4. anatomy and surgery; 5. materia medica; 6. medical jurisprudence. (The prospectus ingenuously explains the necessity of the last course by the frequency of the oc-

casions, which in that country summon the medical practitioner to perform the office of expert in courts of justice for wounds, murders, poisonings, etc.)

Clinical medicine is not neglected. In addition to clinical attendance at the hospitals, we have remarked, and not without gratification, that a promise is made to students that they shall visit and attend, but under the direction of professors, a certain number of out-door patients.

But the study of anatomy is especially announced in very attractive colours. "Matter for dissection", says the programme, "is plentiful and cheap", and the healthy breezes, peculiar to that climate, not only preserve the dead body for an indefinite time, but also preserve the health of the pupils.

Should, however, medical students remain insensible to so many advantages, a last means is reserved as a temptation to the most refractory. Elsewhere, he who does not succeed in his thesis has but to retire with the shame of his failure: at San-Francisco it is different. The candidate deemed unworthy is adjourned. But if he is unwilling to accept this condition, he may withdraw his thesis and likewise the fees paid for this examination, and "not be considered as rejected."

— The same journal announces that, on the request of Dr. Rollet, full surgeon of l'Antiquaille, the administration of hospitals has decided that rare or remarkable syphilitic or cutaneous lesions shall be reproduced by drawing or photography so as to be durably preserved.

The importance which the hospital de l'Antiquaille every day assumes, will give additional value to this new service rendered by an administration which, in a few years, will have founded a special museum extremely useful for the improvement of medical studies.

— All are acquainted with the difficulty and even impossibility of extracting grains of powder implanted in the skin and the disfigurement which is the result. The *Écho Médical* states that, after the example of the celebrated author on the subject of cutaneous affections, Hebra, who successfully uses a strong solution of *corrosive sublimate* (5 grains to an ounce of water) for *freckles*, Mr. Buset, at Bonn, had the happy idea of applying this remedy to the burns proceeding from the explosion of gun-powder. The first day after the accident, he applied this solution of corrosive sublimate and continued the application for five days, at the end of which a violent eczema made its appearance. The following day, all the epidermic scabs were removed with a spatula, and likewise the greater part of the grains of powder, which had been raised by the inflammation. The solution of corrosive sublimate has, over other remedies, the advantage of exciting inflammation, which the practitioner can moderate at pleasure, and especially that of leaving no scars, after the denuded surface has dried up and is covered with a new epidermis. Mr. Buset inquires whether, in cases of a certain standing, success would be as complete. We are of opinion that the trouble of instituting the experiment would be amply repaid.

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For the articles not signed: H. CHAILLOU,

Chief Editor.

## ART. 5680.

*Treatment of neuralgia and paralysis by sub-cutaneous medicinal injections. — Chronic inflammation of the uterus; fungi; tannin cylinders. — Insalubrity of poultry fed on putrefied meat.*

In a prior Number of the present *Journal* (Art. 5555) we acquainted our readers with the treatment of neuralgia by sub-cutaneous medicinal injections. It occurred to Mr. Alexander Wood, of Edinburgh, in using Fergusson's small syringe for the injection of perchloride of iron in a case of nævus, that by the aid of this same instrument sedative solutions, previously applied to the denuded surface of the derma, might be directly conveyed to a nerve affected with neuralgia. Mr. Wood first used a solution containing  $\frac{1}{4}$  grain of hydrochlorate of morphia to every 15 grains of excipient. For this he substituted Battley's sedative, an aqueous solution of opium, in which about  $1\frac{1}{2}$  gr. opium enter for every 15 gr. of liquid, i. e.  $\frac{1}{2}$  gr. to five drops. The results obtained by Mr. Wood having been satisfactory ten times out of eleven, several English and French practitioners have been induced to try this method, and very recently Dr. Béhier, physician of the Hospital Beaujon, read to the Academy of Medicine a very interesting paper on this important therapeutic question.

Mr. Béhier administered the injections alluded to with the syringe invented by Pravaz for injection of perchloride of iron. The little syringe is provided with two trochars of different sizes; the trochar selected is inserted with its canula as far as the nerve itself, if possible, or on some other point of the body; the trochar is then removed, and the body of the syringe is screwed on to the canula, which remains in the tissues. At each quarter of a turn of the piston, which is screwed, one drop of the medicated liquid escapes, the canula containing from four to six drops.

This liquid, in thirty cases, was a solution of sulphate of atropia, first in the proportion of  $3\frac{2}{3}$  gr. to 1 oz. of distilled water. At every quarter of a revolution, Mr. Bé-



hier injected therefore about  $\frac{1}{300}$  part of a grain of sulphate of atropia, and six drops represented very nearly  $\frac{1}{50}$  gr. of this substance.

Mr. Béhier definitively adopts the following proportions : he uses a solution of sulphate of atropia in the proportion of 5 gr. to 1 oz. distilled water, which gives about  $\frac{1}{160}$  gr. of the drug to every drop, or for every quarter of a revolution, and for every five drops, or one revolution and a quarter,  $\frac{1}{32}$  gr. of sulphate of atropia.

This mode of treatment was applied in fifty-three cases of the following diseases :

Sciatic neuralgia.....	18
Uncomplicated intercostal neuralgia.	9
Intercostal neuralgia in subjects affected with pulmonary tubercles.....	2
Intercostal neuralgia complicated with strange symptoms.....	1
Brachial neuralgia.....	1
Facial neuralgia.....	1
Pleurodynia.....	4
Rheumatic muscular pains.....	11
Contusions.....	2
Pains sympathetic of cancer of the uterus.....	1
Pains dependent on other affections.	3

In all these cases, the advantageous effect of the medicine was constant and most decided, with definitive results very clearly established in some, and somewhat less in others. The cause of the uncertainty in some instances arose from out-door patients who were treated at the consultation, several of whom did not subsequently return.

Out of the 18 instances of sciatic neuralgia 12 have been manifestly cured; in 6 other cases cure was more than probable, the patients having acknowledged the improvement, but not having returned to show the absence of relapse. For several patients, 4 days' treatment and two or three injections only were sufficient to effect complete cure. In some, as many as fifteen injections were requisite. In the cases in which the result could not be

ascertained with precision, not more than four injections had ever been performed, each of which was followed by marked improvement.

The cases bearing on diseases other than sciatic neuralgia, such as intercostal neuralgia, pleurodynia, rheumatic muscular pains, yielded results more satisfactory and more prompt. Eleven cases of intercostal neuralgia, two of which existed in consumptive subjects, were all cured by one single injection on a level with the intercostal space, which was the seat of pain. Four cases of pleurodynia, treated at the consultation by injections of sulphate of atropia, were noticed. In all these patients the improvement consequent on each injection was not doubtful, but these individuals have been lost sight of. We now turn to the cases of five patients affected with muscular pain, which was cured by two injections, each of ten drops. Injections of sulphate of atropia were administered in two cases of contusion of the thoracic walls, in the neighbourhood of the contusion. Mr. Béhier met with but one case of facial neuralgia. An injection made on a level with the mental foramen, and one at the height of the infra-orbital foramen relieved the pains in both regions. They still persevered in the superior maxillary foramen, when he performed an injection, the result of which he has been unable to ascertain. He administered injections of ten drops each, into the anterior part of the thighs, in a woman attacked with cancer of the womb, and who suffered much from the sympathetic pains so commonly observed in similar cases; the pain ceased and did not return.

Upon the whole, out of 53 cases, in which injections of sulphate of atropia have been used for pains of various descriptions, and contusions, Mr. Béhier has witnessed 18 complete cures usually obtained by a solitary injection, by two at most, and in 15 other cases he has ascertained constant beneficial effects from this mode of treatment, even when he has been unable completely to follow up his observations.

At present, Mr. Béhier has not confined himself to treating by this method affections characterized by the symptom of pain. Like Mr. Wood, the physician of the Hos-

pital Beaujon has made injections of sulphate of strychnia in seven cases of paralysis. The liquid he used contained 5 gr. to 1 oz. distilled water as in the case of sulphate of atropia. Among the facts adduced in support of this mode of treatment, the *Gazette des Hôpitaux* reports several which seem very conclusive.

A young girl of nineteen was labouring under paraplegia with difficulty of motion and numbness of the hands, the symptoms having appeared twenty-three days after the cure of diphtheritic angina. Iron, sulphur baths, cinchona had procured no beneficial result. 104 drops of a solution of sulphate of strychnia, having been injected in six operations, along the course of both ischiatic nerves, were sufficient to cure the patient after a fortnight's treatment.

A man, who after violent pains in the back and both legs, felt such decided weakness of the left lower extremity that he could not raise it in bed, and was obliged to drag his foot in order to bend his leg upon his thigh, received a single injection on the course of the ischiatic nerve. 16 drops of the solution of sulphate of strychnia were introduced, and the following day, without having experienced any characterized physiological symptoms, he raised his leg without any difficulty. The muscles, which before the injection no longer performed their functions under the influence of volition, contracted in a perceptible manner under the hand of the observer, a circumstance which it had been impossible to detect before injection. He walked the following day, and soon afterwards was discharged from hospital.

A patient of Mr. Frémy, in another ward of the same hospital, had been attacked, after having slept on his arm, with paralysis of the deltoid, which yielded to no treatment whatever; this patient recovered the motion of the arm in nine days, after six injections of 96 drops of solution of sulphate of strychnia.

In Mr. Béhier's appreciation of the mode of action and of the effects of drugs thus introduced into the cellular tissue or into the substance of the tissues, two important facts are to be considered : a local action on the nerve on the course or the neighbourhood of which the injection has



been performed, or on the rheumatized muscle, which has been impregnated by the medicinal liquid; and a general action on the system proceeding from the absorption of that agent. Contrarily to the opinion of one of the promoters of the method, Mr. Charles Hunter, who thinks that sub-cutaneous injection in any part of the body is as powerful and as efficacious for the cure of neuralgia as the local injection in the diseased tissue itself, Mr. Béhier is of opinion that, when we have to contend with neuralgia or rheumatic pain, we should perform the injection, as far as possible, on a level with the seat of pain and on that precise spot. The following are some of the facts on which he bases this precept :

An individual, suffering from a rheumatic affection of both deltoids, was cured the first day, on the right side, by an injection into the substance of the right deltoid, without the congeneric muscle having been in any wise modified.

“Several times,” adds he, “I have attempted, in order to verify Mr. Charles Hunter’s opinion, to perform injections in a region remote from the seat of pain, without ever having obtained any decided result. A few days since, I introduced into the deltoid of a subject affected with sciatica ten drops of sulphate of atropia without any benefit to the femoral neuralgia.”

And yet, the physiological action resulting from absorption of the medicine was most obvious. A quarter or half an hour after the narcotic injection, Mr. Béhier’s patients experienced discomfort, giddiness, dryness of the throat, disturbance of vision; some had delusions and atropic delirium; some few complained of inability to void urine, and in all the cases opium, in the form of extract or syrup, checked the toxical symptoms. The physiological phenomena produced by strychnia were especially cramps, painful formication in the legs without any tetanic jerks. Thus, no very serious general symptoms have arisen from these injections; neither did the local effects present any disturbance amounting to inconvenience. In 227 punctures performed by Mr. Béhier not one local accident had occurred. Mr. Becquerel made analogous injections in 21 patients with complete success in 20 cases, and without a single subject having

experienced swelling or suppuration of the punctured parts. The experiments made in France substantiate the allegations of Mr. Wood and of the other British practitioners.

—Mr. Depaul read in Mr. Becquerel's name, to the Academy, a paper on the causes of chronic uterine inflammation, the nature of the concomitant general morbid condition of the system, and the most appropriate method of treatment. According to Mr. Becquerel, these inflammations result from causes at first entirely local, such as abortion, protracted or instrumental labour, excessive sexual indulgence, especially in cases when the womb is naturally lower than usual, repeated congestion due to insufficient menstruation or habitual amenorrhœa. The originally local character of uterine inflammations induces the author to recommend an exclusively local system of treatment, and Mr. Becquerel's medication is founded upon the special virtues which tannin appears to possess with regard to the uterine mucous membrane.

“Tannin either *pure* or in a *concentrated solution*”, says this practitioner, “when applied to any part of the mucous membrane, whether within or without the uterus, occasions a special morbid congestion accompanied by a peculiar exsudation which is the same in all cases.

“This exsudation, at first amorphous and of a fibrinous nature, becomes the seat of the development of an enormous quantity of epithelial cells which, growing gradually larger and more highly organized, are at last so numerous that the fluid entirely loses its fibrinous character.

“This special congestion and peculiar secretion should be induced from three to eight times, revived when they subside, and they cause a perfect cure of the following inflammatory conditions :

“*a.* Chronic inflammation of the external or internal mucous surfaces of the cervix, and the granulations and excoriations frequently observable at the same time.

“*b.* Chronic inflammation of the same parts, accompanied by that of the sub-jacent uterine texture.

“*c.* Chronic inflammation of the mucous lining of the womb, and the anatomical change known under the denomination of uterine fungiform granulations.

“*d.* Hypertrophic inflammation of the cervix, when not too much advanced.

“The above indicated local congestion and peculiar exudation cause at first a decrease and subsequently a complete cessation of the morbid secretions.

“Injections of cold water are an almost indispensable adjuvant to the treatment.

“When chronic inflammation of the womb is combined with prolapsus, flexion or version of the organ, simple injections should be replaced by moderately powerful cold douches which, used concomitantly with the local application of tannin, always succeed not only in removing the chronic inflammatory action, but in modifying advantageously, and sometimes in curing altogether the accompanying prolapsus, version and flexion.

“When the uterine disease has yielded, the anæmic condition of the system usually disappears spontaneously. If it were too intense, or attended with severe nervous symptoms, it would be necessary to resort to a simple hydropathic treatment, of which the following measures would form the ground-work : cold shower-baths, general and local circular affusions, cold hip-baths and immersions, and also preparations of bark and iron.”

Among the various chronic inflammatory diseases of the womb, one has for some years given rise to animated controversy, and its treatment is still matter of debate : we allude to hemorrhagic inflammation which seems to be connected with uterine fungus. Mr. Becquerel treats this disease with tannin, and as we have had an opportunity of seeing the remedy applied in Professor Nélaton's wards, we will briefly describe it, and at the same time reply to some of the objections which have been made to Mr. Récamier's method of abrasion. We have frequently spoken of this method ; the following is the procedure preferred to it by Mr. Becquerel.

This gentleman prepares cylindrical sticks with a paste consisting of :

Tannin . . . . .	4 parts
Gum . . . . .	1 —
Bread crumb . . . . .	q. s. to impart

flexibility to the mixture.



These cylinders are about 15 lines in length and 2 lines  $\frac{1}{2}$  in diameter. In order to proceed to their application, it is in the first place requisite to expose the cervix with the speculum. A stick of tannin is then conveyed with a forceps into the os uteri, pushed into the cavity of the womb, and prevented from escaping by a lint ball impregnated with a concentrated solution of tannin. The cylinder softens, melts and produces, as we have stated above, pseudo-membranous metritis. The lint pledget is removed at the expiration of twelve hours, and the tannin having melted away requires no further notice. After three or four days a fresh pencil is inserted, and a third, a fourth or a fifth cylinder are introduced at similar intervals. The mucous membrane thus modified by artificial morbid action ceases to throw out granulations, and hemorrhage is checked. Mr. Becquerel has performed this operation above fifty times, and constantly the patients were cured after four or five applications without any unpleasant symptoms having supervened.

Mr. Nélaton, being desirous of testing the value of a method of treatment which had yielded results so satisfactory in appearance, applied the tannin pencils in the cases of two women occupying beds No. 4 and 5 of his smaller wards. Both were suffering from obstinate hemorrhage, connected with a morbid condition of the uterine mucous membrane. In the two instances, the scoop was introduced into the womb, and in case No. 5 only were fungiform textures extracted with the instrument, a fact proving, in Mr. Nélaton's opinion, that shreds of membrane, improperly denominated fungoid, are not always, as has been stated, thus removed; and that, when no granulations are present, the scoop displays on examination naught but mucous secretion, or coagulated blood without any resemblance with the vascular structure which constitutes the fungoid tissue. In these two cases the tannin stick was inserted, and the following is what we have learned of the consequences of the application :

The first result was a considerable amount of pain in the inferior part of the abdomen and the lumbar region. In one patient the suffering lasted from eight in the morning to two o'clock in the afternoon, and persisted until

6 P. M. in the other. In both head-ache, general discomfort, nausea, great heat of skin and profuse perspiration were observed. In the evening, however, the two patients were able to take some food, and slept. The therapeutic result was as follows : hemorrhage was checked, but in one instance abrasion of the granulations had previously been performed, a circumstance which detracts from the value of the case. The treatment was nevertheless persevered in. Three sticks of tannin were inserted, and when last we saw the patients, the loss of blood had not returned, but each operation had been followed by pain of several hours' duration. This circumstance is therefore so far unfavourable, and the advantages of tannin over the scoop are not obvious, abrasion as performed by Mr. Nélaton differing widely from Mr. Récamier's somewhat barbarous method. And yet, if Récamier's violent scooping was in some cases productive of untoward results, how many women has he not saved who would infallibly have perished but for the timely intervention of the scoop? For his part, and taking into account the extreme irritability of some wombs which cannot be meddled with with impunity, Mr. Nélaton is inclined to consider abrasion practicable in many instances, as easily performed as the introduction of tannin, sufficient even when superficial, and generally destitute of danger.

As it is however impossible to foresee all the consequences of abrasion, the insertion of simple tannin pencils is for the practitioner a less hazardous method, and in this respect, the experiments instituted by Mr. Nélaton with the most laudable alacrity appear to us deserving of further prosecution.

— We find in the *Annales d'Hygiène publique* a curious and well-timed document on a use, but little known, of butchers' meat, which a state of decomposition does not admit of being sold to the consumer. It is a report made to the Board of Health of the Department of the Seine on the insalubrity of poultry fed on putrefied meat.

This important question was mooted on the occasion of numerous complaints made against Mr. X..., who fed with putrid meat fowls and ducks intended for sale and

whose establishment, situate in a village of the environs of Paris, exhaled an offensive odour. The food of the poultry consisted of tainted meat, collected in the butchers' shops in the capital. This meat was cooked to extract the fat, mixed with bran, and given morning and evening to the poultry, which greedily disputed the pieces. These animals enjoyed perfect health and the mortality in Mr. X... 's poultry-yard was not greater than in the farms of Beauce or Brie.

It has been long known that eels caught in muddy fosses or pools, and consequently fed on dead fish or insects, are more indigestible than those proceeding from running water. The too celebrated order of the police, which forbade the inhabitants of Nantes to eat the fish and especially lampreys caught in the Loire after the drownings ordered by Carrier in the reign of Terror, is well known. Modern experiments, however, and especially those of Mr. Prangé, a veterinary surgeon, and Mr. Renault, the learned director of Alfort, having thrown some doubt on the reality of the sanitary disadvantages ascribed to feeding domestic animals on putrefied meat, Mr. Duchesne availed himself of the occasion of examining anew the question, and the following, as far as his special mission is concerned, are the results recorded in his report :

In a warm day in July, Mr. Duchesne repaired to Mr. X... 's establishment. He took from the poultry-yard three hens' eggs laid the same day. He caused a hen and a male duck, both of them hatched this year, to be killed in his presence. The two birds were allowed to bleed freely and were then put into an open basket and immediately taken to Paris. Three hours afterwards they were plucked and drawn, the intestines already emitting an offensive odour. The birds thus prepared were then placed on a marble slab in a current of cool air. The following morning the three eggs, laid the day before, were boiled for breakfast. They were fine, well-shaped ; two of them were found to be good, the third had a strong, particular and undefinable odour. All three digested perfectly well. Mr. Duchesne, however, repeatedly noticed that his perspiration had the characteristic odour so well-known to those who frequent dissecting rooms. In the course of the same day,



the chicken, the rump and the lower part of the abdomen of which were already greenish, and had therefore been removed, was cut into pieces and eaten with a white sauce by ten persons. The flesh was softer and had a stronger smell than that of other poultry; it had a higher flavour, but nevertheless it was digested. The duck still remained to be disposed of. It was served up roasted; but when carved, its odour was such that each guest, after having tasted it out of politeness, left it on his plate. The next day, however, when this duck was cold, it had lost some of its disagreeable flavour; two servants from the country partook of it, without any kind of repugnance, for four days with other food and were not at all incommoded.

Here, as in the experiments instituted at Alfort by Mr. Renault, poultry fed exclusively on virulent substances continue in good health and may be eaten without injury. Nevertheless, if it is considered that eggs of the preceding day, that poultry killed, conveyed and preserved with all possible precaution, were scarcely eatable after twenty or twenty-five hours at most, we may be allowed to believe that a continuous and protracted use of this food could not be made with impunity. This presumption appeared to the Board of Health sufficiently founded to induce them to forbid Mr. X... to continue feeding his poultry with butchers' meat.

But Mr. Duchesne did not stop here, he visited the knacker's yards; he saw there pigs and poultry exclusively fed with raw or cooked meat, comparatively with animals of the same species fed on mixed food and; from all his observations, and from the previous experiments on this subject, the author of the paper before us has deduced the following conclusions :

1. Poultry and pigs may be fed on good meat, raw or cooked; on raw or cooked meat proceeding from animals affected with contagious diseases, such as glanders, carbuncle, rabies, etc.; they may even be fed on raw or cooked meat in a state of advanced putrefaction, without their health being impaired.

2. Young chickens are more difficult to rear when their food consists of raw or cooked meat only, even when it

is good ; a greater number is lost than by the ordinary processes.

3. The eggs of hens, thus fed, appear to the taste as good as those of fowls fed in the usual way ; the shell is however thinner and more fragile.

4. If fowls and pigs are fed with meat only, whether cooked or not, their flesh is softer, more difficult of preservation, and their fat is yellowish and more diffuent.

5. Doubt may be entertained of the absolute innocuousness, as articles of food, of poultry and pigs which have been fed with the flesh of animals attacked with contagious diseases, such as glanders, carbuncle, etc. The use of these meats, containing virulent matter should be interdicted, as food for poultry or pigs.

6. The use of meat in a state of putrefaction as food for poultry and swine should be absolutely prohibited.

7. Persons who keep poultry should abstain from giving them too long or too abundantly worms, caterpillars, silk-worms, cocoons, cock-chafers, etc., this food imparting a bad taste to the flesh of poultry.

8. The continual and exclusive use of meat, either raw or cooked, does not appear to be beneficial for fattening poultry and pigs, and even is, in the end, injurious to their development and the quality of their flesh.

9. The best method consists in giving poultry and swine but once a day wholesome meat, either raw or dressed, and to complete their food every day with grain, vegetables and especially potatoes.

10. When the animals are about to be killed, especially the poultry, the use of meat should be entirely discontinued, and they should be confined for some time to vegetable diet.

These conclusions, particularly the fifth, have a character of peculiar interest, since in 1850 Mr. Renault positively asserted that the cooking of meat and the boiling of liquids, proceeding from animals which had died of contagious diseases, had the effect of destroying the virulent properties of such liquids and flesh ; and that, setting aside the natural repugnance of men to feed on the flesh or milk of oxen,

pigs or fowls affected with contagious diseases, there was in reality no danger in eating the dressed flesh or the boiled milk of such animals.

## ART. 5681.

## HOTEL-DIEU.

(Professor Trousseau's clinical wards).

*The nurses' and infants' ward. — Suspicious catarrhal ophthalmia. — Syphilis; transmission of secondary symptoms. — Diarrhœa, infantile cholera.*

A child affected with catarrhal ophthalmia was admitted into Mr. Trousseau's wards. This disease, said the professor, is a peculiar ocular catarrh for which professional advice is not commonly sought. The mother or nurse injects into the eye a few drops of milk from the breast and the child recovers, because this form of inflammation has a natural tendency to spontaneous cure. But if an epidemic of puerperal fever breaks out, this ophthalmia, which was previously of so benignant a character, will assume formidable proportions and even endanger vision. As in a host of morbid conditions, specificity here performs an all-important part. Catarrh from exposure to cold, leucorrhœal catarrh, gonorrhœal catarrh, catarrh connected with the suppurative predisposition of women in child-bed, are diseases all resembling each other by their external features, but differing materially by the nature of their cause, and by the anatomical changes which they bring about in the eye. The discrimination of these differences is the practical difficulty which is sometimes very great, and when any doubt exists as to the true cause of the evil, it is, in Mr. Trousseau's opinion, necessary to adopt the active method of treatment required by dangerous ophthalmia.

Poultices and rose-water are here of no avail : escharotics and the substitutive method should at once be resorted to. Mr. Trousseau uses the following solution :

Argenti nitratis. . .	15 gr.
Aq. destill. . . . .	1 dr.

The tarsal cartilage should be turned over, an operation which exposes a considerable part of the mucous membrane



of the lid, over which is then carried a hair-pencil steeped in the above fluid, a similar procedure being immediately afterwards instituted on the opposite side. The child in closing the eyes brings into contact the mucous surfaces which are thus equally modified in their entire extent. This treatment is repeated at first twice daily, subsequently once, and after a time every other day only. Should the disease persist, Mr. Trousseau recommends the instillation between the lids, of a few drops of the following collyrium :

*R.* Cupri vel zinci sulphatis. . . . . 1 to 2 gr.  
 Aq. destill. . . . . 1 oz.

If photophobia is present, the circumference of the orbit should be anointed with belladonna. Such is the line of conduct adopted by the Professor for the treatment of suspicious catarrhal ophthalmia in new-born children, and although it occasionally happens that, despite these remedies, the eyes are destroyed in eight and forty hours, yet in most cases he has the gratification of preserving them from fatal consequences.

— The possibility of transmission of secondary syphilis from the nursing to the nurse, and *vice versâ*, is now allowed even by those who for many years had refused to admit it. However, as Mr. Ricord justly remarked in the recent discussion on the point at the Academy, a physician, when consulted on the subject, cannot be too cautious in the expression of his opinion. The following case, towards which Mr. Trousseau thought proper to call the attention of his pupils, is one of those perplexing instances, not uncommon in practice, which may cause both expert and judge to pause.

A child aged ten months and its mother were admitted into St. Bernard's ward for the treatment of syphilis. The infant, during the first weeks after its birth, seemed in every respect sound and healthy; one month after delivery the mother took charge of an illegitimate child as a nursing. It was a pale, puny baby, suffering from coryza, and soon presented around the margin of the anus a flat tubercle. The woman nursed her own child from the left breast exclusively, and the little stranger from the right.

It had been scarcely a month in her care, when she noticed around the right nipple a sore which rapidly acquired the size of a half-franc piece, was hard at its base, and red at the edges; the axillary glands on the same side soon became enlarged, an important fact which was ascertained by a medical practitioner. The woman continued however to give suck, and as the strange nursling's mouth was hard, she gave the right breast also to her own child. Six or eight weeks afterward, this infant was brought to the Hôtel-Dieu with flat condylomata of the scrotum and thighs, and the most manifest signs of the syphilitic diathesis over the entire surface of his body.

At first sight, the succession of facts and their concatenation appears in this instance perfectly intelligible. The culprit is the strange nursling who first communicated syphilis to the nurse, by whom it was subsequently transmitted to her own child. The chancre of the nipple, followed by axillary bubo, would seem to place the matter beyond question. But the nurse having been carefully examined was found to suffer from disease of the sexual organs, viz. puriform vaginitis. This circumstance, of course, raises a suspicion that the husband may have been instrumental in conveying syphilis to his wife; and the mother of the strange nursling, instead of being liable to be condemned to indemnify the nurse, might perhaps be justified in claiming damages from her. The question is doubtless intricate, as it cannot be readily conceived how the nursling could possibly have been the cause of the disease of the generative organs.

Now the legitimate child, having previously had a pruriginous eruption in the groin, presented flat tubercles around the anus, on the nates and upon the scrotum, displaying in the highest degree the symptoms of general syphilis. How did the disease reach him? It will be suggested that primary symptoms perhaps occurred in the mouth, hence the subsequent infection of the system. But the mother herself, acknowledges that no morbid manifestations whatever, were ever observed in the infant's mouth. Was the poison conveyed with the milk? This would be a fact of difficult demonstration, whereas we can easily understand how, the mother being infected by her husband,

muco-purulent secretion originating in the sexual organs may have come in contact with the inguinal sore, which would thus have been the portal through which the morbid poison was introduced into the child's system. At hospital Necker, Mr. Trousseau has seen syphilis transmitted from the mother to her child, by means of hair impregnated with the poisonous fluid secreted by the organs of generation.

In the child whose case suggests the foregoing remarks this perhaps might be contended to have taken place. The case affords us therefore, as we stated above, a proof of the necessity for a most minute and cautious appreciation of facts, in dealing with these delicate and embarrassing circumstances.

—The actual prevalence of diseases of the digestive organs recalls to our attention the treatment of choleric form diarrhœa observable among very young children, since the setting in of the great heat. We reproduced last year (Vide Art. 5525) an interesting clinical lecture of Mr. Trousseau's on diarrhœa in connection with weaning and eruption of the teeth. We will, this year, to meet the requirements of the present state of public health, summarize the remedies recommended by the learned professor for diarrhœa, choleric and sporadic cholera, diseases to which childhood in general is more especially liable during the autumn and summer months.

In the child as in the adult, diarrhœa assumes various forms. In *lientery* or imperfect digestion of food, diarrhœa is at first of a bilious character, but is soon marked by the passage of undigested nutriment. Rochelle salt is the medicine most appropriate to this condition, and about 1 dr. may be given, in milk, to infants at the breast. The action of this aperient is extremely mild, and in children more advanced in years, the dose may be increased to  $1\frac{1}{4}$ ,  $1\frac{1}{2}$  and 2 dr. A nursling, in Mr. Trousseau's wards, had as many as ten motions daily : they were immediately reduced to three by the exhibition of tartarized soda, and forty-eight hours after the diarrhœa entirely ceased. Should however the tartrate of potash and soda prove unsuccessful, 16 gr. of a powder consisting of



nitrate of bismuth and crab's eyes or prepared chalk should be daily exhibited in several doses.

At the present season *bilious diarrhœa* is more prevalent than *lientery*. It frequently alternates with vomiting, and is sometimes attended with feverishness. The remedy which should first be resorted to for this form is ipecacuanha, 8 gr. of which may be given to a child at the breast. Sulphate of copper is also most valuable in such cases. We recollect having observed in Mr. Trousseau's wards three children suffering from acute diarrhœa with vomiting. In one case, when the symptoms had lasted three days, 2 gr. of sulphate of copper dissolved in water were exhibited in four doses at intervals of ten minutes; the medicine produced copious vomiting, and the motions were reduced in number from 10 to 3 in the 24 hours. The result in the other two instances was equally striking. In this form of disease, it is advantageous to continue the emetic for three days in succession. Rochelle salt is also here frequently successful, but it is chiefly advisable when the dejections are grass-green. Under these circumstances, it may be found beneficial to exhibit a pill or powder of one grain of calomel at night, and 4 or 5 gr. of magnesia the next morning. In order to check obstinate diarrhœa, it is sometimes sufficient, to effect the desired object, to administer, in combination with each other, drugs which separately had been found inefficacious. Thus a child, who has taken in succession, without benefit, ipecacuanha, calomel and even laudanum, will be relieved of his symptoms by a powder given at bed-time, consisting of one grain of calomel and 2 min. of laudanum with a drachm of powdered sugar.

In febrile mucous diarrhœa, the practitioner should begin by exhibiting ipecacuanha; he then may have recourse to Rochelle salt, and subsequently to enemas with one grain of nitrate of silver, or two grains of sulphate of zinc or copper to 3  $\frac{1}{2}$  ounces of water.

We come, finally, to the most perilous form of diarrhœa, at present the most fatal in Paris, *choleric form* or *serous diarrhœa*, which rapidly induces *cholera infantilis*.

This premonitory intestinal relaxation is often connected, as we have said, with weaning and the evolution of

teeth; it may be neglected for a couple of days, but should it persist longer, it must, in spite of the prejudice in its favour, be restrained and checked, this being the only means of preventing it from running into *cholera infantilis*. Now, the only efficient course of treatment, the only medication really powerful for the purpose is based upon the exhibition of emetics and aperients. The best emetic is again ipecacuanha powder, and the aperient in which Mr. Trousseau has most confidence is the tartrate of potash and soda. Lime water (3 oz.) in milk or mixed with syrup comes next; and Sydenham's decoction (harts-horn), nitrate of bismuth (1), laudanum in minim doses are also deserving of a trial.

But when collapse has taken the place of intestinal action, when the eyes are sunk and the extremities cold, mustard baths should be resorted to.

We have elsewhere stated how these baths should be prepared. One pound of mustard meal diluted in cold water should be placed in a bag and strained into the bath. The mother or nurse supports the child under the axillæ with her hands in the water, and is thus enabled to estimate the amount of counter-irritation produced. The immersion having lasted eight or ten minutes, the child is withdrawn from the water, dried in flannels; syrup of ether in tea-spoonfuls, peppermint water, Seltzer water or merely sugar and water are given with half a tea-spoonful of rum in every glass. As soon as the heat of the body returns and the abdominal symptoms have yielded, the infant is again taken to the breast, or albuminous water (2 whites of eggs in half a decanter of sugar and water) is exhibited; at the same time it is proper not suddenly to interrupt the use of the bismuth and prepared chalk, which may be beneficially diluted in a small quantity of syrup of cinchona.

(1) Dr. Mascarel prescribes with success the following mixture :

R. Aq. Latucæ. . . . .	3 $\frac{1}{4}$ oz.
Bismuthi trisnitrat. }	
Tragacanthæ. . . . . }	aa 16 gr.
Laudan. liq. Syd. . . . .	1 vel 2 min.
Syrupi simplicis. . . . .	4 dr.

Capiat oger cochl. unum min. bis in horâ.

H. C.

## ART. 5682.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Interesting case of ancient dislocation of the elbow-joint attended with permanent extension of the fore-arm. Attempts at flexion. Unhoped for reduction of the ulna with pulleys after sub-cutaneous section of the triceps brachii (1).*

On the 11th of July last, Mr. Nélaton presented to his hearers a young man, aged twenty, of rather powerful make, who, five months before, on January the 9th, had in a fall dislocated his right elbow. No attempts had been made immediately to remedy the injury, and in consequence of the respective positions assumed by the articular extremities thus left to nature, the fore-arm, instead of being as usual in such cases bent at an angle of 130 or 140 degrees upon the arm, presented the exceptional attitude of forcible and permanent extension. The luxation was complete, and the two bones of the fore-arm, after escaping from the elbow-joint, had been gradually drawn upwards behind the humerus, hence a shortening of the limb of about 15 lines. Moreover, a tumefaction of enigmatic character was noticed above the radius, which might at first be supposed to be formed by some small bony fragment torn away from the humerus, or the head of the radius. Mr. Nélaton, however, taking into account the length of time which had elapsed since the accident, was disposed to look upon the tumour as the result of

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(1) Speaking of the dislocation of the fore-arm backwards, Mr. Ferguson says :

“ Within the last few years, I have seen a considerable number of cases of this kind, which had been overlooked or neglected, and I have attempted reduction in many of them, at periods from four weeks to three months, but I have never, even under anæsthesia, succeeded in fairly reducing such luxations.”

(*Practical Surgery*, 4th edit., p. 234.)



plastic exsudation, as a preparation of nature for the establishment of a new articular cavity. Such were, briefly, the signs of the dislocation. The consequences of the injury to the patient were very distressing, inasmuch as he was utterly unable to bend the fore-arm, and the limb therefore was nearly useless.

In a case of this kind, of five months duration, what was to be expected from surgical interference? It is a well known fact that complete luxation of the elbow after so long an interval is not reducible, or, if this assertion is too sweeping, reduction can be effected but by considerable efforts which may occasion laceration of the muscles and nerves, so extensive as to cause paralysis of the hand, thus rendering the injured extremity more unfit to perform its functions than before the attempts. Without hope of reducing the dislocation, the surgeon may however confer some benefit on the patient, if he can change the position of the limb from forcible extension to flexion at right angles. On several occasions Mr. Nélaton has had the good fortune of effecting this improvement by parallel tractions, suddenly interrupted at a given time, for the purpose of overcoming the obstacle to flexion of the extremity. This was exclusively the result Mr. Nélaton had in view in the present case, and for this purpose he proceeded as if he intended to effect complete reduction, in order fully to distend the attachments of the false joint.

The patient was in the first place firmly secured to a post in the operating theatre by a belt passing under the axilla. The parts being protected with a layer of wadding, a sheet, folded lengthwise, was attached to the fore-arm with a linen roller, previously steeped in cold water, to prevent it from slipping. The extremities of the sheet were then tied and fixed to the hook of an apparatus with pulleys, so constructed as to permit the force employed to be at any time of the operation estimated by the dynamometer, and the effects of which, by a peculiar mechanism, might be suddenly interrupted whenever the surgeon deemed it desirable to bend the limb.

The patient of course was under the influence of chloroform, and Mr. Nélaton remarked that the exhibition of this agent in the sitting attitude being to a certain extent

dangerous, it was desirable, when possible, to place the subject in a recumbent position.

Matters being thus prepared, the apparatus was set to work; when the dynamometer indicated a power of 200 pounds, Mr. Nélaton caused the extension to be suddenly ceased, and endeavoured to bend the arm, but no change had yet taken place in the relative position of the articular surfaces. The surgeon being under the impression that, during the preceding fruitless efforts, the triceps brachii became tense and formed a resisting cord, punctured the skin at about 15 lines from the outer angle of the elbow, and with a narrow bladed bistoury divided the entire muscle under the skin. The little wound was closed with a piece of adhesive plaster supported with a roller, and a second attempt at reduction was proceeded with.

On this occasion, the tractive force was applied gradually and with proper caution, and the needle of the dynamometer successively pointed to 200, 210 and 220 pounds.

The power having reached this amount, the extension was suspended, the surgeon endeavouring at the same time to bend the elbow, and to his great surprise flexion was easily effected, accompanied by significant sounds which were audible throughout the amphitheatre, and were doubtless produced by the laceration of fibrous adhesions, or the giving way of muscular fasciculi, which had not been divided by the knife.

An unhoped for result had thus been attained : the deformation of the elbow had disappeared, and the fore-arm, now movable, was capable of very extensive movements of flexion. It would however have been imprudent to endeavour to ascertain precisely how far the surgeon's object had been accomplished. The important point now was to obviate inflammation of the joint, and for this purpose the arm was at once placed under the sedative influence of continuous irrigations of cold water. The fore-arm was bent at right angles, and secured in that position to the chest, with an appropriate bandage. This simple course of treatment prevented the manifestation of any amount of inflammation. The irrigation was gradually left off after two days, the position of the arm above described being however continued. On July 25th, the elbow could

be handled without the production of the slightest pain; the alternate movements of flexion and extension were accomplished with an ease which justifies the hope that they will acquire still further freedom; and as the movements of pronation and supination of the fore-arm are in a certain degree preserved, it is highly probable that the patient's infirmity will progressively be reduced to unimportant proportions.

This of course is not an instance of complete reduction. Mr. Nélaton is perfectly aware that, when a dislocation of the elbow, so complete as in the instance above described, has not been reduced within six weeks of its production, the luxation may perhaps still be reduced, but the ulna only is perfectly restored to its place. The shallow cup of the head of the radius does not resume its connection with the eminentia capitata of the humerus, but merely lies along the side of that bone. This incomplete reduction however does not much interfere with the almost natural accomplishment of the functions of the joint. The movements of flexion and extension are restored while rotation and supination are not more impeded than in persisting luxation, and even become more free. This will be the case with Mr. Nélaton's patient. With the assistance of methodical exercise, he will recover the use of a limb which was but a useless appendage, and the case will derive additional interest from the fact that it will constitute a precedent for the section of the triceps muscle, an operation which has been denounced as improper by Mr. Malgaigne and several other eminent surgeons.

## ART. 5683.

## OPHTHALMOLOGY.

(Dr. Desmarres' Dispensary.)

*Practical remarks on sclerotitis.*

The laborious and much to be regretted Martin Solon, entering one day the Academy, requested his fellow-member Mr. Velpeau to look at his eye, in which he had seen a red spot. It will be nothing, said the eminent professor;



use a collyrium of nitrate of silver (one grain to the ounce), and in a week the eye will be well. At the expiration of a week, however, the red spot had increased in size. Mr. Velpeau recommended him to persevere in the same treatment, considering with other eminent practitioners the case as unimportant. Three months passed, and Martin Solon had in vain resorted to all the known collyria and aperients. When Mr. Desmarres examined the eye, he said : this will last fifteen months. It lasted eighteen.

Mr. Martin Solon was affected with SCLEROTITIS.

Sclerotitis is an ill defined and hitherto imperfectly described disease. The affection which deserves the name is not, according to Mr. Desmarres, the inflammation of the layer which separates the anterior face of the sclerotic from the posterior aspect of the conjunctiva, neither does it occupy the ciliary processes or ligament, nor is it to be identified with that supposed inflammation, described by Beer as the type of rheumatic ophthalmia, and which is but a symptomatic vascularity. Sclerotitis is the inflammation of the peculiar tissue of the sclerotic, spreading backward and forward to the neighbouring structures, and attended in the affected part with swelling, plastic exsudation and ulceration, of which we shall presently relate a very serious instance.

A young person affected with dysmenorrhœa applied at the dispensary for incipient sclerotitis. It was then, as always is the case, superficial. In a limited extent of the outer surface of the sclerotic a slight yellowish prominence was observable, raising the membrane and covered with distended blood-vessels. Pustular conjunctivitis might, at first sight, have been supposed to exist, had not these blood-vessels, of a roseate colour on the surface, been in the more deep-seated parts of a livid purple hue, an appearance which, to the experienced practitioner, is characteristic. In another instance, the tumour consisted of several knobs, hence a more intense redness of the white of the eye, attended with a degree of local discomfort from which the first patient was free. Beneath the prominence the sclerotic manifestly bulged out to the size of a hemp-seed, an appearance noted also in other cases and in several distinct parts of the eye-ball. When one

prominence only was observed, vision was not impeded ; but whenever several existed, the vascularity was generally diffused over the organ, and photophobia was present, together with the other signs peculiar to acute ophthalmia.

In many instances, the disease, instead of remaining superficial, progresses towards the inner parts, forming *deep-seated* scleritis. Exsudations under these circumstances are thrown out in the pupil, particularly around its margin, an occurrence to be looked on as one of the most mischievous consequences of the affection.

The diminution of the natural thickness of the sclerotic is a curious result of the malady. In a woman, whose case Mr. Desmarres frequently alludes to, absorption of the membrane was carried to such a degree, during the progress of inflammatory action, that the eye-ball had acquired a universal black colour anteriorly, and resembled an egg denuded of its shell. In Mr. Martin Solon's case the softening had been local, limited to the neighbourhood of the cornea ; but in this thinned part, the fibrous tissue was replaced by an apparently albuminous substance. Indeed, in eyes thus softened, when inflammation subsides, the exsudations become organized beneath the conjunctiva, adhere both to this membrane and to what remains of the sclerotic, and gradually restore to the eye-ball its natural degree of firmness.

Scleritis also frequently occasions spots on the cornea. We noticed at the dispensary a little girl in whom the margin of the cornea presented small semi-lunar specks, equal in number to the tumours existing on the sclerotic ; but in general the membrane does not lose its transparency, or recovers it if it has been clouded. Ulcerations of the conjunctiva, sclerotic and cornea also occur simultaneously, as may be seen in several instances related by Mr. Bowman ; but Mr. Desmarres has twice only witnessed complete perforation of the eye in the circumstances alluded to.

An officer was affected with apparently slight scleritis. A small insulated prominence was observable on the outer side of the eye, somewhat below the extremity of the rectus muscle, the white of the eye remaining perfectly pure

except in this circumscribed spot. Twelve months afterwards the disease extended to the entire eye, the sclerotic and cornea became ulcerated, were subsequently perforated, the humours of the eye escaped, and the eye-ball was utterly destroyed by slow phlegmonous inflammation.

A patient affected with this disease should be warned of three important things: in the first place, that the malady will be of long duration, and subject to relapses and sudden aggravations which it may be impossible to foresee; that even in the case of a favourable issue, he must expect to be short-sighted, and that slate-coloured, indelible stains may be the result of the complaint.

Let us now briefly allude to the treatment which, as may be inferred from the above description, must be difficult and of little power.

In the incipient stage a tolerably rapid resolution may yet be obtained from fomentations with very hot camomile tea, to which may be added, at will, some spirituous preparation. In very intense and very acute cases, Mr. Desmarres does not hesitate to scarify deeply the tumours, applying the instrument however to the circumference of the cornea only, and avoiding the thinned parts. The knife thus divides the conjunctiva, fascia, and the raised portion of the sclerotic and the distension immediately yields, the patient experiencing an amount of relief analogous to that which follows lancing an abscess. In order also to obviate the formation of adhesions between the iris and lens, it is proper at the same time to instill atropia into the eye. The greater number of patients who apply to Mr. Desmarres' dispensary for this disease, are however debilitated subjects, girls suffering from anæmia and dysmenorrhœa. In these cases blood-letting is generally not to be thought of, and the surgeon merely prescribes:

1. Frequent fomentations with warm camomile tea, or lettuce water if pain be present.
2. Barley water or infusion of wheat-grass with 16 gr. of nitre to each quart.
3. Saline foot baths.
4. Conditional instillation of atropia (aq. destill. 2 dr. atropiæ sulphatis 1 gr.), one drop hourly.
5. An occasional aperient (6 dr. of citrate of magnesia.)



6. Syrup of iodide of iron, or cod liver oil, a spoonful morning and evening.

7. Blue glasses surrounded with black silk — no exertion of the eye.

8. A tonic regimen.

## MEDICAL CORRESPONDENCE.

ART. 5684. *A remedy for rabies.*—The tropical heat of the last two months has naturally awakened the attention of the authorities upon wandering dogs, and has again brought under discussion the ever-recurring *vexata questio* of hydrophobia. I do not presume to say that I have discovered a cure for this disease, but in the absence of any rational medication, or of a course of treatment based upon a logical sort of empiricism, it may be allowable to resort to the most eccentric remedies when their use seems to be justified by experience. The formula which I am about to communicate is very ancient, and has been copied out of an old manuscript in the possession of a family, who for sixty years has enjoyed the unquestioned repute not only of being able to prevent, but to cure hydrophobia, and to whose rural residence annually flock numberless victims, in whom anxiety soon gives place to the certainty of cure. The following is the prescription in which nothing has been altered, but the denomination of the quantities of the ingredients :

As soon as a person has been bitten by a suspicious animal, the wound and the neighbouring parts should be fomented during three days at least with ammonia or boiling milk. At the same time the patient should every morning, fasting, for nine days in succession, take a glass of the following tepid decoction :

R. Bruised angelica roots.

ditto gentian roots.

Best Venice treacle . . . . . of each one ounce.

Well bruised asa-fetida. . . . .  $\frac{1}{4}$  to  $\frac{1}{2}$  an ounce.

Powdered oysters. . . . .  $\frac{1}{2}$  an ounce.

Virgate roots of dog-brier. . . . . 10 drachms.

Roots of scorzonera (not scraped) . . 10 drachms.

Fresh stems of rue } . . . . . aã half a handful.

Sage, chopped fine }

Bay-salt . . . . . 5 drachms.

One bruised clove of garlic.

Three leeks.

Two small onions.

Daisies (one pinch).

Boil all these ingredients in three quarts of the best procurable red wine, in a new pan close covered, reduce to one half, and strain. This decoction may be preserved nine days in corked bottles.

Debilitated or delicate subjects occasionally reject the first glasses ; but the stomach soon becomes accustomed to the use of this singular compound, the daily dose of which should not exceed half a glass for children under ten, and three quarters of a glass for subjects from ten to twenty years old (1).

PETIT,

*Assistant surgeon, 88th Regt.*

In juxta-position with Mr. Petit's letter, we insert the following communication on the same subject, the conclusion of which unravels the mystery of many miraculous cures due to secret remedies. H. C.

As rabies is in question, permit me to submit to you a few cases, collected in the part of the country I have inhabited for thirty-four years.

1. In 1827 Messrs. G. brothers, superintending the cutting of their hay, in the meadow of Baume, met with a dog, who rushed at them and bit one in the hand, the other in the leg. Dr. Bizot, who was summoned, cauterized the wounds and treated these gentlemen by mercury internally and externally. The wounds healed and no untoward symptom supervened. Messrs. G. are still living. Was the dog affected with hydrophobia? This could not be ascertained, but was highly probable.

2. Dr. Compagny related to me that he had treated an old beggar woman, bitten by a really mad dog ; that he had tried mercury with her, had saturated her with the medicine, and that she had been cured.

3. Another female beggar, residing at Baume, was bitten in 1830 by a dog supposed to be mad. I cauterized the wound with ammonia and ordered a 4 oz. mixture containing 30 drops of this same alkali, every day for a week. No accident ensued.

4. In 1851 I was consulted by Mr. O. who was much addicted to hun-

(1) Rue and garlic have long enjoyed a reputation for efficiency in cases of hydrophobia, witness the following recipe, copied out of an ancient English manuscript in the possession of one of the translators of the present journal, which we reproduce as it stands :

Against y<sup>e</sup> Bite of a mad Dog :

Rue, clean picked and washed. . .	6 oz.
Garlick peel'd and bruised . . . .	4 oz.
Scrap'd pewter . . . . .	4 spoonfulls.
Venice treacle . . . . .	4 oz.

these are to be simmered in a pan or skillet close covered, over a gentle fire in two quarts of strong ale or beer, one hour. Y<sup>a</sup> strain it off, and give y<sup>e</sup> decoction viz : warm to any man and cold to any beast for three mornings together fasting, and fast two hours afterwards. To be given within nine days after the bite, and to be repeated at five day's end. 10, 11 or 12 spoonfuls is enough for any horse, ox or bullock, or 8 for the strongest man and less for those y<sup>t</sup> are weaker or younger ; 3, 4 or 5 spoonfuls is enough for dog, hog or sheep.

ting; he and his servant had both been bitten the day before by a setter. This young man came to me in a state of great apprehension. I endeavoured to tranquillize him, notwithstanding the fears I myself entertained. He had already poured hartshorn on his wounds. I advised him to use externally a liniment of camphor and hartshorn, and to take every day for a week a 4 oz. mixture containing 1 dr. of acetate of ammonia, and in the evening a sudorific. Eight days elapsed without any intelligence (Mr. O. residing at 9 miles distance from Baume); the ninth day my patient called, and I found he had been recommended the use of oyster-shells. I was unwilling to object to this experiment, which by no means interfered with my treatment. Seven weeks after, Mr. O. came to Baume cheerful, tranquil as to his fate and cured, as well as his house keeper who had followed the same treatment. The dissection of the dog had shown that he was really mad.

5. In 1856, in the month of August, returning to Baume, I met a man from a neighbouring village, who was following a middle-sized dog, which had just before his eyes, and in his village, bitten his daughter, a girl from 10 to 15 years of age. The dog was running towards the town; he no sooner reached the very first street than he indiscriminately threw himself on all the dogs he met, whether male or female. I did not doubt that he was mad, and exchanging my palmtree switch for my companion's stick, I pursued the dog, and struck him two violent blows, the first on the back-bone, the other on the head, just as he was biting an unfortunate little wolf-dog; he was killed without *uttering a cry*. The mayor, informed by me, commissioned Mr. Gauderon, a veterinary surgeon, to make a post-mortem examination of this dog. In the animal's stomach were found moos, hair, wool, felt, but no food; the œsophagus was inflamed in its whole extent and the mouth sanious.

No longer entertaining any doubt as to the state of the culprit, I requested Dr. Amiot to see the young girl, who had been bitten, and he left, after having agreed with me on the following course of treatment: Cauterize the wounds with the actual cautery or ammonia; a mixture with 15 or 30 gr. of liquid acetate of ammonia; embrocations with ammonia and camphor along the course of the lymphatics, beginning at the wounds; sudorifics.

The child was perfectly cured without any nervous symptoms, and is now in the enjoyment of perfect health.

I may add that a medical gentleman of Vesoul was likewise bitten two years since by a dog affected with hydrophobia, and that he recovered; but I cannot say by what means.

The above mentioned cases prove that we should not despair of the lives of persons bitten by mad animals, since a great number recover by very different modes of treatment, the action of which is, in many cases, far from being in proportion to the supposed gravity of the evil.

FAIVRE D'ESNANS, M. D.,

Physician for epidemics, at Baume-les Dames  
(Department of Doubs).



## SCIENTIFIC MISCELLANEA.

ART. 5685. PRACTICAL REMARKS ON ACUTE INFLAMMATION OF THE MEMBRANA TYMPANI. The *Gazette Médicale* has published a paper from the pen of Dr. W. Kramer on a disease of the ear, which, according to this gentleman, is often disregarded in practice. It is not *nervous otalgia*, in which the tympanum is shining, transparent, concave, the handle of the malleus remaining also visible; nor inflammation of the derma of the meatus auditorius, which is characterized by a spongy swelling and a redness extending over the whole length of the duct; nor is it inflammation of the cellular membrane of the meatus, in which the latter is obstructed by one or several pale or not highly coloured, but not very painful prominences, which generally have their seat near the orifice, and seldom occupy the deep parts. It is a state of phlegmasia of the membrana tympani, the principal symptoms of which are thus described by Dr. Kramer :

For the most part the symptoms appear suddenly, especially at night and shortly after exposure to local causes, such as a cold bath, a draught, instillation of irritating fluids, a blow, etc. The morbid manifestations at first consist in more or less violent, lancinating, or osteocope pains in one ear, or in both together. These pains often spread to the adjacent parts, to the crown of the head, the occiput, the cheek, neck and even shoulder of the diseased side, but never extend beyond the mesial line. They are often considerably exacerbated by blowing the nose, by eructation, deglutition, by any effort or sudden motion, etc. At times they persevere unremittingly day and night, at other times cease during sleep or in the day. They are generally most felt at night; the sick are deprived of rest and they complain of general pain and great lassitude. The local suffering does not in general diminish until after a sanguineous, sero-sanguinolent or serous discharge has made its appearance: the cerumen then ceases to be produced, and is not again secreted before a complete cure of the inflammation has been effected.

Patients seldom perceive, before this discharge has formed, a cracking in the ear, a noise similar to that of the bursting of a small bubble; this symptom however does not always indicate perforation of the tympanum.

The discharge, at first watery, soon becomes creamy, whitish, flaky; it may contain small white and shining particles, and even dense false membranes, tolerably large and thick, adhering to the membrana tympani. The liquid discharged from the meatus auditorius acquires a greenish yellow tinge, and becomes purulent and fetid in very old cases only.

Patients very often, indeed almost always, experience in the incipient stage tinnitus aurium. The tone, intensity and duration of these abnormal sounds are, however, in no determinate relation with the peculiar characteristics of the inflammation, the latter always persisting longer than the noise in the ears.

Hearing is always perceptibly affected at a very early stage; often the ticking of a watch, which in a normal state is audible at a distance of

thirty inches, is not heard, unless on immediate contact of the watch with the pinna or the mastoid process ; in such cases, however, hearing may be perfectly recovered.

In addition to these subjective symptoms, a uniform, dotted or arborised vascularity of the membrana tympani, with opacity and thickening of the membrane are discernible with the aid of the speculum and on placing the patient under a strong light.

In general, the prognosis of the disease is not unfavourable, but the latter must be treated, as deafness, and, in infancy, incurable deafness and dumbness may arise from it.

As to local treatment, the meatus auditorius must be cleared of all abnormal substances it may contain ; if these should be foreign bodies, they must not be removed by the aid of instruments ; patients may always be freed from them without pain, by means of injections with a strong pewter syringe.

When a purulent secretion alone is found in the meatus, Mr. Kramer uses in preference warm water injections administered with a vulcanised India rubber syringe ; these injections do not aggravate the pain felt by the patient. When the discharge is not copious and the injections are counter-indicated, the meatus should be cleansed with a very soft brush, which should be inserted dry, as far as the membrana tympani. The brush should be made to revolve several times on its axis before it is withdrawn, and this procedure repeated until the tympanum is completely cleansed. Examination with the speculum should in consequence be renewed every day.

The use of other local remedies should vary according to the presence or absence of ear-ache.

When much pain is complained of, the meatus auditorius should be filled with tepid olive-oil and closed with a small lint pledget. The membrana tympani is thus kept in uninterrupted contact with the oil. The frequency of these instillations (3 or 4 times a day) must be proportionate to the violence of the pain. They are often productive of surprising improvement ; the pain, which had persisted several days and nights in succession, diminishes or even completely yields after a few hours, and patients quickly regain sleep, of which they had been deprived.

When patients are not relieved by instillations, from 4 to 10 leeches should be applied once or twice opposite the tragus or below the mastoid process, and the bites be allowed to bleed for a few hours, and emollient poultices, with henbane leaves, as warm as possible, applied to the diseased ear. Powerful counter-irritation may be further produced below the mastoid process by frictions with a pomade composed as follows :

Antimonii potassio-tartratis. . .	1 dr.
Cerati. . . . .	2 dr.
Olei tigllii. . . . .	7 gr.

These agents are more successful than fomentations and blisters.

When the pain has ceased, the instillations of oil are replaced by aqueous

solutions of sulphate of zinc or acetate of lead (1 to 3 gr. to 1 oz. water). It is generally sufficient to instill once a day these tepid solutions with a tea-spoon and to let them be retained five minutes. The liquid is then permitted to escape; the meatus is carefully wiped with a small fine compress and closed with soft lint. Before proceeding to instillation, the parts should always be cleaned; both these operations should be repeated two or three times a day, if the suppuration is copious.

It often occurs that, while these means are being employed, the cellular membrane of the meatus auditorius becomes inflamed; the entrance to this duct, and especially the tragus, swells, and patients feel considerable pain on pressure and when the lower maxilla is in motion. This symptom is not directly dependent on the principal affection, but appears when the parts have been frequently wet. In this case injections and instillations must be interrupted, as they would considerably exacerbate the painful inflammation of the meatus; the practitioner must then confine himself to instillations of oil and cleansing with the brush. The complication in question, however, always yields in a few days to emollient poultices applied uninterruptedly day and night. The treatment detailed above is then resumed. If, however, a tendency to relapse be observed, some sulphurous lotion or a solution from 2 to 5 gr. sulphate of potash in 1 oz. water may be advantageously substituted for the solutions of sulphate of zinc or of acetate of lead.

Under the influence of these applications the textures resume their healthy character. The little perforations of the tympanum heal without leaving any traces, and as a certain sign of complete cure, the secretion of cerumen resumes its physiological course.

It is obvious that dyscrasies which tend to perpetuate the evil, must here, as ever, be the object of special treatment. Mr. Kramer also observes that the acute inflammation of the tympanum, which arises in the course of an acute exanthema, must be treated with caution. In this case, on the first appearance of the pain, several instillations of oil must be resorted to every day, the meatus should be carefully cleansed with the brush, and repeated frictions with the tartar emetic ointment be performed as soon as the state of the skin will admit.

ART. 5686. URETHRITIS AND VAGINITIS. SOLUTIONS OF CHLORIDE OF ZINC. — The *Gazette des Hôpitaux* published, some months since, the results of a series of experiments instituted by Professor Legouest, of the Hospital Val-de-Grâce, on the value of chloride of zinc injections in the treatment of urethritis.

The use of chloride of zinc had been tried in 50 patients belonging to this physician's wards; of these cases of urethritis 21 were simple, 12 acute, 17 chronic. All these patients had injected, once every morning, a solution of chloride of zinc at  $\frac{1}{1000}$  for simple and acute urethritis and at  $\frac{1}{500}$  for chronic and obstinate cases. Each patient had retained the liquid injected a space of time varying from three to five minutes. These experiments proved: that injections of chloride of zinc of the above mentioned strength are not in general painful, that they rarely induce acci-



dents; that they rapidly modify the discharge; that in the greater part of cases of acute urethritis they assuage inflammation and pain; finally that they succeed less perfectly in simple and benignant discharges than in acute or chronic urethritis.

In this last category especially, injections of chloride of zinc yielded Mr. Legouest really remarkable results.

In 14 cases of varied duration, from six days to one month, from four to six weeks, from three to two months, from one to two years, 11 had been previously treated by all the usual remedies; three only had undergone no previous medication. All these cases were treated by the injection at the strength of  $\frac{1}{500}$ . No accident had supervened, and the injections in every case were persevered in without interruption. The shortest duration of the treatment was four days, the longest twenty and the average length 8.06.

We waited, before we noticed Mr. Legouest's remarks, for further confirmative facts, when the *Bulletin de Thérapeutique* informed us through one of its correspondents, Dr. Gaudriot, that this physician had recommended the medication alluded to twenty-five years since. Mr. Gaudriot has done better than moot a question of priority. He proves that solutions of chloride of zinc are not beneficial in urethral blennorrhagia only, but that they are likewise very efficacious in vaginitis. The following are Dr. Gaudriot's formulas for both these diseases :

*Solution for injections*

R. Liq. zinci chloridi. . . 24 to 36 min.  
Aq. destillatæ . . . . . 3 oz.  
Shake and filter.

Two or three injections to be performed daily. The syringe to be used should be provided with a bulbous extremity, and a very small quantity of fluid should be employed, the disease in its incipient stage occupying the fossa navicularis.

*For a vaginal suppository*

R. Liq. zinci chloridi. . . 5 min.  
Morphiæ sulphatis. . .  $\frac{1}{2}$  gr.

Thicken to a proper consistency with 2 dr. of the following :

R. Mucilaginis acaciæ. . . 6 parts.  
Sacchari pulveris. . . . 5 d°  
Amyli . . . . . 3 d°

Mix with care and mould a hollow suppository not more than one line in thickness. One suppository is inserted every day, and subsequently every alternate day.

**ART. 5687. SCURVY. EXHIBITION OF FIR-BUDS AND BARM. —** Scurvy is now universally admitted to consist in a change in the component parts of the blood, the fibrin being like its other ingredients altered by some special morbid cause, seemingly an insufficiency of vegetable acids during very warm weather, and being, together with the serum and blood-corpuscles, extravasated into the substance of the textures of the body. Persons affected with this disease present all the characteristics of anæmia : they are pallid, have the greatest reluctance to any exertion, and, according to Mr. Beau, suffer from intercostal neuralgia, a local symptom caused by impoverished blood. Despite this resemblance, chalybeates, which are invariably successful in anemia or insufficiency of the blood-corpuscles, would be unavailing in scurvy. It is here necessary to stimulate the digestive functions, and to promote assimilation in order to restore the fibrin to its natural condition, an object, in some cases, of very difficult attainment. Bitters do not always improve the appetite, neither do acids, which on the contrary sometimes destroy it altogether when some little remains, and wine is not in scurvy more efficacious than acids. It is therefore desirable to seek for some other remedy calculated to promote digestion and nutrition. Now, we find in the *clinique Européenne* that Professor Skoda of Vienna recommends for the purpose a mixture which he has found most useful, whether the patients suffered or not from loss of appetite ; he prescribes :

Decoction of malt with fir-buds. . .	8½ oz.
Yeast. . . . .	} aa 6 dr.
Syrup of orange peel . . . . .	

A table-spoonful to be taken every other hour.

Mr. Skoda also uses yeast externally, and considers it a more efficient application than cold poultices with acetic or sulphuric acid. In a patient, who however had not lost his appetite, the professor prescribed the above mixture, not using the yeast externally, because the scorbutic patches were already fading away. He recommended open air and a moderate amount of exercise, so as not to overtax the muscles of the leg. The food consisted of green vegetables, fruit, roast-meat, milk diet, and beer. This course of treatment soon brought on improvement, the swelling of the gums and the pains in the limbs yielding in a few days. The scorbutic spots disappeared, appetite became invigorated, and a fortnight after his admission into hospital, the patient might be considered cured.

## PRESCRIPTIONS AND FORMULAS.

**ART. 5688. Scrofulous Eczema. Mr. Devergie's combination of remedies. Sea bathing. —** A young West-Indian lady, who during her childhood had suffered from mumps, rashes and eczema, observed, towards the age of eighteen, the formation of a patch of the latter eruption upon the lower

lid on the left side. This patch, of a dark red colour, gave rise to a watery exsudation, and threatened to invade the eye and to spread upon the cheek. Under these circumstances, Mr. Devergie, whose opinion was sought, at our request, pronounced the case to be one of scrofulous eczema, and prescribed the following course of treatment;

1. To take as a drink the infusion of walnut leaves;
2. Morning and evening ,  
     One table spoonful of cod liver oil;  
     One table spoonful of gentian wine;  
     One table spoonful of the following mixture :

*R.* Ferri limaturæ. . . . . 7 gr.  
       Iodinii. . . . . 28 gr.  
       Aquæ. . . . .  $1\frac{1}{2}$  dr.

Triturate in a mortar ; add the water in drops and incorporate with

Syrupi simplicis. . . . . 16 oz.

Beat up the three spoonfuls together; they should then be swallowed, and a cup of infusion of walnut leaves ought to be taken after.

3. The diet to consist chiefly of roast or broiled meat, fresh vegetables and fish. Chalybeate water to be drunk at meals with a small quantity of claret.

4. To take every third day a sulphur bath with two ounces of hepar sulphuris.

5. A saline aperient every fourth day.

6. Morning and evening the diseased part to be powdered with starch, and anointed with :

*R.* Adipis. . . . . 1 oz.  
       Ferri sulphatis crystall. et exsiccati. 8 gr.  
       Camphoræ. . . . .  $2\frac{1}{2}$  gr.

7. Every third day spread over the patches a very thin layer of cade oil, carefully wiping the part after with dry cotton, in order that the layer be as thin as possible.

This treatment having been followed two months, the disease progressed favourably, and Mr. Devergie replaced the ointment by the following powder :

Starch }  
       Tan    } of each one ounce.

Before applying the powder, the patch of eruption was fomented with water containing  $1\frac{1}{2}$  oz. of chloride of soda per quart. The eczema improved visibly, but did not entirely yield until the patient had resided one season at Dieppe. Sea bathing in this instance produced the most bene-



ficial effects, and we cannot too strongly recommend it for cases of this sort to the attention of the profession.

ART. 5689. *Incontinence of urine at night cured by the exhibition of mastic in tears.* — The *Bulletin de thérapeutique* indicates as likely to be successful in two thirds of cases of nocturnal incontinence of urine, in young subjects, the following pills of mastic :

R. Mastiche lacrym. . . . . 1 oz.  
 Syrupi simplicis. . . . . q. s.  
 Ft massa in bolos 64 dividenda.

When children swallow with difficulty, the mass should be made into 28 pills ; honey may also be used in place of the syrup, so as to form an electuary to be taken in wafers. In children above ten years old, the entire quantity should be exhibited in 4 days, one drachm morning and night, a couple of hours before or after a meal. For younger subjects, the dose may be reduced one half, so as to continue the use of the medicine six or eight days, a space of time usually sufficient to effect a cure. Should a first attempt prove unsuccessful, the treatment should be instituted anew, in the same doses, and if this second experiment does not produce the desired effect, it is useless to persist in the medication; but a failure, as stated above, is quite an exception.

## ART. 5690.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Messrs. Berthé and Aubergier's recent communications having invested with fresh interest the questions connected with opium, Mr. Roux, professor of Botany at the Naval School of Rochefort, laid before the Academy of Sciences the researches which he instituted from 1851 to 1858 on eight different kinds of poppy. He thus summarizes the results of his investigations :

The Indian poppy yields a large amount of opium and seeds ; the cultivation of this vigorous and remarkable variety should be attempted in the departments where poppy-oil is produced on a large scale. This plant will readily become acclimatized in France. A sowing effected in October 5th succeeded perfectly, and the young plants bore without injury, during the ensuing winter, a cold of 10° below the freezing point (14° Fahr.). This severe cold did not produce any more visible effects upon common white, or corn-poppies, which had been sown at the same time and in the same soil as the Indian poppy.

The *Papaver Rhœas*, the scarlet poppy, and the variety of *œillette* called by French botanists *aveugle* are those which yield the best qualities of opium.

The juice supplied by these poppies is richer in morphia than the opium commonly met with in trade.

The œillette, the œillette *aveugle*, the Indian poppy, the red poppy might be cultivated with advantage in most of our departments.

The use of French or indigenous opium in medicine, which several practitioners have recommended, and which was adopted with benefit by Mr. Duval, head naval surgeon at Brest, would be a felicitous innovation. This juice, abounding in morphia, would place at the service of the profession an active medicinal agent, the effects of which would be equal, if not superior, to those produced by the exhibition of the various kinds of Egyptian, Smyrna, Constantinople or Indian opiums.

— Mr. Jobert de Lamballe read a singular case, tending to prove that Magendie erroneously considered the loss of the sub-arachnoidean fluid as a cause of functional disturbance to the cerebro-spinal system.

A person of strong constitution, who was admitted into the Hôtel-Dieu on the 11th of December 58 and died eleven days later, on the 22nd, had been stabbed with a dagger by a man who was in the habit of paying her frequent visits. The blow was struck with great violence, and the blade had broken off, close to the handle of the poniard, the base corresponding to the skin, while its point penetrated into the vertebral cavity. The large blood-vessels had escaped injury, and the hemorrhage was therefore unimportant; but a continuous discharge of a serous fluid, analogous to the serum of blood, was observed oozing from the oblique wound of the integument. The sheets and bedding were wet through, so great was the amount which exsuded daily, and the fluid, on examination, was found to consist in serum containing a few blood corpuscles. It was impossible to remove the foreign body before the third day of the patient's sojourn in the hospital, and when it was withdrawn, a considerable rush of the same liquid took place. No muscular collapse, or diminution of muscular contractility was observed at any time, notwithstanding the escape of the cerebro-spinal fluid, nor any change in the mental powers. The patient having died from spinal meningitis, post mortem examination showed that the body of the sixth and seventh cervical vertebræ had been grazed by the instrument, the intervertebral substance injured, and the parietal dura mater and arachnoid perforated by the point of the blade.

This case is favourable to Mr. Longet's view, who, repeating Magendie's experiments, demonstrated that the withdrawal of the cerebro-spinal fluid does not materially affect the gait of animals.

— Mr. Duchesne Duparc read a short paper on the use of *fucus vesiculosus* for the treatment of obesity. Having tried this plant for the cure of inveterate psoriasis, the author came to the conclusion that its reputation for the removal of that disease was much superior to its real value; but that in another respect the drug produced an unexpected result, *fucus vesiculosus* inducing rapid loss of flesh, without discomfort or disturbance of the digestive functions. Mr. Duchesne related several cases whence it appears that, in persons affected with premature or excessive obesity, the

weight of the body may be much reduced by the use of the leaves and stems of *fucus vesiculosus* in decoction, powder or pills.

ACADEMY OF MEDICINE. — Mr. Blache, in the name of a committee formed of Messrs. Ferrus, Baillarger and himself, read a carefully drawn up report on a paper by Mr. Marcé, entitled : *The mental state in chorea*.

In this Memoir, which contains no less than fifty-seven cases, Mr. Marcé endeavours to show that, besides convulsion, the essential element in chorea, other nervous symptoms are also present, such as superficial and deep-seated anæsthesia, hyperæsthesia, muscular debility, various disturbances of common and special sensation, and peculiarly a mental condition offering an immense number of degrees from the most transient aberration to confirmed melancholy and hebetude; from isolated delusion to the most complete form of delirium. Choreia would thus present singular features of resemblance with hysteria, a neurosis preeminently of a general character, in which almost all, if not all the functions of the nervous system are affected simultaneously or in succession. Mr. Marcé discards the consideration of the neuroses observed during the middle ages, and described by Hecker as belonging to chorea, and now classed more judiciously with vesaniæ; but he adopts, as belonging to his subject, anomalous forms of chorea referred improperly to insanity by Tulpus and Felix Plater.

The reporter laid much stress upon the necessity of discriminating transient cerebral symptoms not properly belonging to disease, and merely consequent upon temporary excitement of too violent a character, from true, persisting insanity, constituting an integral element of maladies. Now, in genuine, common, uncomplicated chorea, mental disturbances, when present, are so slight, so superficial and so transitory that they should always be considered as of second rate importance. When such symptoms are better marked and assume a more unusual and singular appearance, the chorea may be assumed not to be simple, but to be either a complication of, or complicated with hysteria, or to have occurred in a subject so naturally predisposed to insanity that any other nervous affection would have occasioned analogous symptoms. Mr. Marcé is perhaps open to the reproach of having, in his description of chorea, somewhat exaggerated the mental aberrations connected with the disease.

He was much struck with the complete immunity enjoyed by many choreic patients from cerebral symptoms. Out of 57 instances of chorea, he noted 21 in which no disturbance whatever of the intellect was perceptible. This proportion, said the learned reporter, would have been far more considerable, had the cases been collected at the Hospital for infancy. Mental affections are so uncommon during the first years of life, that, when they occur, they should be referred less to the disease itself than to individual predisposition, or to the fact of the principal malady being complicated by the presence of hysteria.

In the second part of his paper, Mr. Marcé describes a mental condition hitherto unnoticed by pathologists; we refer to delusions usually limited to the organs of vision. Such hallucinations are observed in genuins



chorea, but more habitually belong to cases in which hysterical phenomena are present. They are not usually of a serious character, but Mr. Marcé has sometimes found them productive of excitement and delirium. Chorea, further says Mr. Marcé, may in its incipient stage or during its progress be accompanied by mania, hence a very serious state of things, which in one half of the cases, entails a fatal termination consequent upon formidable tetanic symptoms, and when even this unfavourable issue is averted, leaves a disposition to various mental disturbances of uncertain duration.

Referring to Mr. Marcé's cases, Mr. Blache observed that the women alluded to were young, hysterical and choreic, and that, in order to estimate correctly the share of chorea in the production of psychical disorders, it would be desirable to take into account the influences of age, sex and hysteria. These influences, in his opinion, were unknown, and he was disposed to think they had not been duly weighed by Mr. Marcé, but he acknowledged at the same time that delusions might be occasioned by hysteria alone.

In conclusion, Mr. Blache remarked that maniacal delirium is very seldom met with in simple chorea. It is sometimes the essential symptom, chorea supervening at a later date as a secondary phenomenon; in other cases it is produced by acute rheumatic fever, meningitis or congestion of the brain; but whatever may be its immediate cause, it is almost invariably fatal.

This report, highly favourable to Mr. Marcé, gave rise to a short debate in which M. Trousseau took part. The learned member asserted, in contradiction to the opinion emitted by Mr. Blache, and in accordance with Mr. E. Moynier, the author of an excellent thesis on the subject of chorea, that in much the larger number of instances the intellect was more or less affected. In colleges and schools, the fact was obvious. Thus, in these establishments, choreic children were invariably found to occupy the lowest places in their respective classes, and when they previously had acquired a certain eminence among their school-fellows, they did not fail gradually to lose it. This modification of the intellect was occasionally discernible merely from some slight irritability of temper, or a certain amount of diminution of memory; such symptoms escaped the notice of families and were therefore not suggested to the medical attendant who should not fail to inquire closely into the subject. As to the presence of delusions in chorea, Mr. Trousseau, without absolutely denying it, was of opinion that Mr. Marcé had given to the fact an undue share of importance. Choreic subjects, being forcibly deprived of sleep by the violence of the convulsions, were frequently liable to a certain unconnected state of mind, which is very frequent when the brain endeavours to wrestle with unconquerable drowsiness; Mr. Trousseau was inclined to think that M. Marcé had mistaken more than once these loose wanderings, characteristic of a condition intermediate between sleep and waking, for genuine hallucinations or delusions.

Mr. Trousseau also considered that the alleged frequency of maniacal delirium in St Vitus's dance had been exaggerated; this might have arisen

on the one hand from Mr. Marcé having sometimes mistaken febrile for maniacal delirium, and on the other not having discriminated St Vitus's dance from other forms of chorea, in which this complication is more commonly observed.

In his turn Mr. Blache observed that Mr. Trousseau had fallen into two exaggerations : in the first place he had asserted that almost all persons affected with St Vitus's dance displayed a certain amount of mental disturbance ; in the second place he had, in his clinical lectures, overrated the frequency of rheumatism and endocarditis as consequences of scarlatina. Since the year 1857, Mr. Blache has observed but one instance of genuine rheumatism out of 54 cases of scarlatina at the hospital for infancy. Rheumatic pains, it is true, were not uncommon, but real rheumatism was of rare occurrence. With regard to the mental disturbances alleged to exist in chorea, Mr. Blache from information received from nuns and school-masters concluded that Mr. Trousseau's assertions were liable to large deductions. What has been in those cases referred to intellectual derangement is in general merely irritability, or that eccentricity of temper observable in various degrees in all persons suffering from chronic disorders of the nervous system.

## BIBLIOGRAPHY.

ART. 5691. *Leçons théoriques et cliniques sur les syphilides (Theoretical and clinical lectures on syphilitic eruptions)*, by Dr. Bazin, physician of the Hôpital Saint-Louis (1).

At the same period last year, we announced the lectures of the same author on parasitical affections of the skin. In 1856, Mr. Bazin described the cutaneous manifestations of scrofula, herpes, arthritis, so that to complete the series of diseases of the skin arising from internal causes, he had still to treat of syphilitic eruptions.

Taking for his basis the regular evolution of secondary syphilis, in which first generalized and later circumscribed eruptions are observed, both terminating by resolution, and lastly eruptions, the characteristic of which is to ulcerate, Mr. Bazin divides syphilitic eruptions into two great classes : those capable of resolution, and those which terminate by ulceration. The former contains two sections ; exanthematic eruptions (erythema, papulæ, pustules, vesicles), and circumscribed eruptions (tubercular, pustular, papulo-vesicular). The second class contains vesicular, tuberculo-ulcerous eruptions and nodes.

In this classification are not comprised vegetations, which Alibert includ-

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(1) 1 vol. 8vo Delahaye.

ed in syphilitic eruptions. Vegetations, in Mr. Bazin's opinion, are not a syphilitic affection, but a merely local symptom, dependent on the irritation produced by a *specific* liquid and for which mercurial preparations constantly fail.

Mr. Ricord asserts that he has observed numerous vegetations at the vulva of virgins ; but such virginity, says Mr. Bazin, is to be distrusted; and it may readily be conceived that, despite the persistency of the hymen, there may have been contamination by a specific liquid. It has also been said that vegetations are not rare in gravid women. Perhaps hypertrophy of the carunculæ has been confounded with these productions. In all cases of real vegetation he has met with in pregnant women, Mr. Bazin has constantly noticed the coexistence of granular vaginitis.

These vegetations must be destroyed, either with nitrate of mercury or with powder of savin or alum ; but it is preferable to excise them with curved scissors and cauterize the part afterwards with sesqui-chloride of iron at 35° to prevent, as far as possible, their return.

One of the points on which Mr. Bazin has been particularly desirous to throw some light is the description of configurations which assist the practitioner in discriminating venereal from herpetic, scrofulous or parasitic eruptions, with which they have so many characteristics in common. To circumscribe the field of syphilitic eruptions by tracing their exact limits, indicating their distinctive signs, such is the difficult problem, the solution of which is the principal subject of his lectures. In Mr. Bazin's estimation, any affection of the skin which does not present the three-fold character of appearing at the second stage of the disease, of offering a combination of specific symptoms, and of yielding to mercury, is not a syphilitic affection.

At a period like the present, in which confusion is so prevalent, it is requisite to define with precision the limits of the various parts of pathology. It was impossible the history of syphilitic eruptions should be written, without being preceded by that of syphilis in general, and by a short sketch of the symptoms of cutaneous diseases.

Mr. Bazin has applied himself to presenting a simple and faithful view of venereal disease exclusively considered in relation to practice, and consequently discarded from his history all the hypotheses which obscure the subject in the greater part of works written on this question.

We will conclude with a few short remarks on the therapeutics instituted by the author in syphilitic eruptions. They may be stated in a small number of propositions : Uselessness of the preparatory treatment recommended by Mr. Rayer ; importance of hygienic means, which, when employed alone, cure syphilitic eruptions of the first class ; medication based on two agents, mercury and iodide of potassium; exclusion of sudorifics and empirical preparations. If syphilitic eruptions have been supposed to be cured by the use of Feltz's infusion of sarsaparilla, which contains arsenic, an error of diagnosis must have been committed, and the case have been one of herpetic and not of syphilitic eruption.

The mercurial preparation preferred by Mr. Bazin is the proto-iodide of mercury : but it may sometimes be advantageously replaced, when a



rapid recovery is an object, by Dupuytren's pills or Van-Swieten's liquor hydrargyri bichloridi. Mr. Bazin begins with one pill of proto-iodide of  $\frac{1}{2}$  gr., and after a short time increases the dose to two pills, viz. one grain a day.

Mr. Bazin exhibits iodide of potassium in doses of 8 gr. to 1 dr. without ever exceeding the latter. The formula, which has produced the best results is the following :

Hydrarg. biniodid. . . . . 4 gr.  
 Potassæ hydriodatis. . . . . 2  $\frac{1}{2}$  dr.  
 Syrupi saponariæ . . . . . 16 oz.

Besides this general course of treatment, to which may be added, for long standing and obstinate syphilitic eruptions, the sulphurous waters of Enghien, Baréges, etc., it may be beneficial to act locally in cases of ulcerous syphilitic eruptions, and to prescribe sulphur or alkaline baths, astringent lotions, cauterization, tonic and antiseptic applications, for the purpose either of urging the progress of the ulcer, or of contending with the complications of mortification, etc., which might paralyze the influence of the medication.

ART. 5692. *Anthropologie ou Étude des organes, fonctions et maladies de l'homme et de la femme* (Anthropology, or Study of the organs, functions and diseases of man and woman), by Antonin Bossu, M. D., Physician to the asylum of Marie-Thérèse (1).

Few practitioners have not daily cause to lament the sad results of the intervention of the public in the treatment of disease. We meet at every degree of the social scale unlicensed physicians, who discuss, censure, modify prescriptions. If the patient recovers, they ascribe to themselves the honours of the cure ; in the contrary case, the medical attendant alone bears the weight of the responsibility. It appears to us more dangerous than useful to encourage a taste already too general, and to vulgarize an arduous science, for the study of which the whole life of the serious is insufficient. We see no objection to classical instruction being completed by a few general notions of anatomy and physiology ; even hygiene, as we recently observed in reference to Mr. Devay's excellent work, is also one of those branches of anthropology which may advantageously be placed within reach of all classes and all intellects. But once in the domain of pathology and therapeutics, of pathology which has no existence apart from clinical observation, it is evident that the initiation of the profane in medical science can engender naught but knowledge at once superficial, insufficient and more injurious than absolute ignorance.

Such is not, however, the opinion of Mr. Antonin Bossu. In publishing

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(1). 2 thick vols. 8vo, with an atlas. To be had of all booksellers.

a work, which, under the collective name of anthropology, comprises all the branches of medicine, and in destining this sort of encyclopedia not only for medical practitioners and students, but also and especially for strangers to the profession, Mr. Antonin Bossu's object has been to direct tendencies which he deems it impossible to suppress. The *Anthropology* composed in 1845 has been reprinted four times. "The interest of the subject, the harmony of the plan, the justness of the proportions, the clearness of the divisions, the rapidity of the text, such are, says the author in a note to the fifth edition, the causes which explain the success of this work." We are inclined to participate in this opinion. We will add that the practitioner himself, in reposing from his toil, the student, suspending his deeper studies, will find in these elegantly written pages instructive and new notions, which will impart a sufficiently accurate idea of the present state of science.

## ART. 5693.

## MISCELLANEA.

Dr. Champouillon, who was gloriously wounded on the heights of Solferino has just addressed to the *Gazette des Hôpitaux* a letter with the title of *Les médecins militaires en campagne* (military surgeons in a campaign). We hasten to lay some extracts before our readers.

"During the two months I have spent in Italy, I have witnessed ever memorable events; I have also collected observations of all kinds. The heat, fatigue, privation of rest have precluded the possibility of publishing all my impressions as they occurred. It was essential to await a more propitious moment. Now the war is over, the proper time is come to draw my pen from its case.

"Thanks to the correspondents of our political journals, the least incidents, true or false, of our battles are now known in France. In general, writers for the press are imaginative folks, taking up every mere trifle, and making a whole wig with a single hair. I am astonished, without however regretting it, that we were forgotten in these bulletins of fancy and anecdote. We make neither noise nor smoke; that is probably why our part in a campaign is so little known. Among the general public, some think the military surgeon surrounded by all desirable guarantees of security; others think we are bound to the soldier by a community of identical perils. This is neither absolutely true, nor is it absolutely false: all depends upon the position we occupy in the line of battle. Ordinarily matters stand thus:

"Whenever an encounter with the enemy is concerted or foreseen, the commander of the army assembles all the commanding officers and without initiating them more than is desirable into the secret of his views, he consults with them the arrangements necessary to secure in all their parts the success of his plans. In what concerns him, the head-surgeon

of the ambulances, immediately proceeds to seek out and choose the places most appropriate to receive and shelter the wounded. For these purposes, preference is given to convents, factories, churches, farm-houses, gentlemen's seats that may be discovered in the neighbourhood of the spot, on which the battle is to be fought. A red flag, displayed on the highest part of these habitations, is a signal of the presence of the ambulance. A search for suitable places is often carried on during action : as the enemy retires, ambulances are installed in the intrenchments, houses, forts, etc. previously occupied by his troops, so that none of the wounded may remain without immediate assistance.

“It is however prudent for the security of surgeon and patients, not to follow too closely the movements of the combatants, for an offensive return and a surprise are always to be feared. Thus at Malegnano I nearly paid with my life or my liberty the penalty of forgetfulness of this recommendation. Seeing the Austrians driven back towards the heights of the village, I advanced with the Zouaves as far as the middle of the street, which had been the scene of the recent conflict, and where the firing had ceased, in order to establish there one of the ambulances which followed at a distance. Scarcely had I gone forward three hundred yards and crossed the threshold of a large building, when the enemy, concealed in the houses, poured a murderous fire of musketry on our columns massed in the street. At the same instant, I was thrown into the ranks of our men by the uncontrollable bounds of my horse, which I thought seriously wounded, but which was more frightened than hurt. By a momentary retreat of our column of attack I was carried far away from the battle and its dangers. I relate this fact to show what, in similar cases, may result from too much confidence or too much temerity.

“Lately too, i. e. the day before the armistice, as the 1st corps was to begin the siege of Peschiera, Messrs. Martenot de Cordoux, Fleury and I had pushed on a reconnoissance as far as the village of Cavalenselle, hoping to find there a place fit for an ambulance. Suddenly turning the corner of a street, we found ourselves at some yard's distance from the first Austrian fort : perhaps the very last shots fired by the enemy were intended for us. Here there was no imprudence on our part, for we had been misled by the information we had collected at the Piedmontese outposts.

“As the men are wounded in the ranks, they spontaneously repair to the flying ambulances, when the injury sustained is but slight; and in the contrary case, they are conveyed thither on litters, stretchers or *cacolets*, a kind of arm-chair fixed on each side of a mule's saddle. Flying ambulances are those which follow as nearly as possible the columns engaged in battle. Each regiment has its own, which performs its duties either separately or jointly with that which forms part of the head-quarters of each *corps d'armée*. Both, opened more particularly for the wounded who need immediate assistance, are established in the vicinity of the field of battle, under a shelter of any kind, often even behind a mere rising ground. Here are performed urgent operations and dressings, such as ligatures, amputations, etc.



“ Men able to walk, those who have been dressed or have undergone an operation are evacuated on second line ambulances, i. e. those farther off from the front and usually established in a town or village in a place of safety. There the wounded are subject to a further examination ; there are completed the operations hurriedly performed in the midst of the tumult of arrivals ; there, in short, after a bloody battle, more surgical operations are performed in one day than in Paris in a whole year. As it is of paramount importance to avoid obstruction and to be able to afford an asylum to other wounded, those who can be moved without risk are daily forwarded to sedentary hospitals, where their cure, entrusted to the care of surgeons specially appointed for that service, is finally achieved.

“ Such are, except the modifications subordinate to events, the duties which *officiers de santé* have to perform in a campaign. Their body consists :

“ 1. Of a movable staff, accompanying the army into action.

“ 2. Of a sedentary hospital staff.

“ The latter are liable to the chances of epidemics, the former incur the risk of projectiles or captivity. All have shown during the short but glorious war which has just concluded that their devotedness has more need of the curb than the spur.

“ CHAMPOUILLON.”

We trust the gallant and witty correspondent of the *Gazette des Hôpitaux* will not confine himself to this solitary but interesting communication.

— After having reproduced a favourable judgment of the Association of the Medical Practitioners of France by the Secretary General of the Association of the Medical Practitioners of the Rhône, the *Union médicale* publishes the following intelligence :

By an Imperial decree, issued on the proposition of the Minister Secretary of State for the Home Department, and signed on the 30th June 1859 by the Empress Regent, have been appointed Presidents :

Mr. Gaudet M. D., for Châtillon-sur-Seine (Côte-d'Or).

Mr. Sanderet M. D., Director of the Military School, for Besançon.

Mr. Cornuau M. D., for Châteauroux (Indre).

Mr. Crozat M. D., Professor of the School of Medicine, for Tours.

Mr. Colson M. D., for Compiègne.

Mr. Voillemier M. D., Vice-President of the Board of Health of the arrondissement, for Senlis.

Mr. Pénard Sr M. D., formerly head-surgeon of the asylum of Versailles, for Versailles.

All these local Societies are united to the *General Association*.

The number of approved local Societies, received into the body of the General Association, is now fifteen.

Several other local Societies already constituted are endeavouring to obtain the approbation and appointment of their presidents.

The formation of a great many others are in a more or less advanced state of forwardness.

The *central* Society in Paris is in the full exercise of its functions.

At its last meeting, the administrative commission adopted the internal regulations.

— Mr. Velpeau presented on 18th July last to the Academy of Sciences a short communication made by Dr. Demeaux and Mr. Corne, a veterinary surgeon, on a deodorizing agent which, from the experiments already made, would appear to be a benefaction to mankind.

This disinfecting substance, the price of which in Paris would be one penny for 10 lb., is a powder of a gray colour, more or less dark, according to its purity and proportions; it consists of :

Plaster (common). . . . .	100 parts.
Coal-tar. . . . . , .	1 to 3 d°

The mixture of these two substances is easily effected, either by means of a pestle and mortar or by any other mechanical agency. For dressing wounds, the new disinfecting agent requires a peculiar preparation which we subjoin.

By diluting with olive oil a certain quantity of the above powder, a substance is obtained of the consistency of a paste, pomade or ointment which remains unchanged almost indefinitely in a vase; this mixture has a faded brown colour and a slightly bituminous odour.

The oil connects the powder without dissolving it, so that this new substance, by the gradual elimination of the oil, does not the less preserve the property of absorbing purulent matter as soon as it is brought into contact with a suppurating wound.

The consistency acquired either by the powder employed in its natural state, or the pomade we have mentioned is never such as to inconvenience the patient or to injure the wound. The application may be mediate or immediate, according to the case or the end to be attained. Immediate application to wounded surfaces occasions no pain; it has even a deterrent action, an influence favourable to cicatrization. This mode of dressing has the double property of disinfecting pus and other morbid matters which it also absorbs, a circumstance of primary importance, as it renders unnecessary the use of lint. The disinfecting matter in question was first tried in practice by Mr. Demeaux, subsequently in professor Velpeau's wards, and the following are the results of its surgical applications.

1. A gangrenous wound, secreting abundant and fetid suppuration, subjected to this mode of dressing, is instantly freed from all disagreeable odour.

2. After a lapse of 24 or even 36 hours, the dressings of a wound of

malignant character are as pure as the bandages which surround a simple fracture;

3. An ulcerated cancer producing ichorous suppuration with its peculiar fetor, subjected to this application, is instantly and during all the time the dressing remains in its place deprived of odour:

4. Ulcers of the legs with this mode of treatment exhale no odour;

5. Linen compresses and bands, poultices impregnated with fetid suppuration, when brought into contact with the deodorizing substances, immediately lose all disagreeable odour;

6. Infectious liquids, matter produced by gangrene, clots of decomposed blood, mortified textures, remains of dead bodies in a very advanced state of putrefaction, treated by this method, are instantly disinfected;

7. The action of the disinfecting substance seems to be, to check the progress of decomposition; it keeps off insects, and invariably prevents the production of worms.

At the School of Alfort, Mr. Bouley, the well-known veterinary surgeon, has ascertained that the disinfecting mixture applied to suppurating wounds in animals has the same properties as in man, and that, in addition, it exercises a beneficial influence on cicatrization.

We may add that, since this paper was presented to the Academy, Dr. Demeaux has obligingly permitted several fellow-practitioners to witness divers experiments, similar to those he had already instituted before Mr. Velpeau and the pupils of his wards. "After having presented to us the dressings which had covered a cancerous sore", says Dr. Brochin, in the *Gazette des Hôpitaux*, "Mr. Demeaux sprinkled with the disinfecting mixture the amalgamation of compresses and sanious lint, and almost immediately the sickening odour disappeared: it was still slightly perceptible, but very faintly, and was overpowered by the bituminous smell of the pulverulent mixture. The experiment made in our presence in the dissection-room appeared to us still more decisive. Portions of liver and lungs, a stomach and a piece of muscle, which were in a state of utter decomposition and which emitted a suffocating odour, were placed on a table, sprinkled with and rolled in the disinfecting mixture. They instantaneously and almost completely lost their odour. Finally Mr. Demeaux dressed before us the hand of a youth who, the preceding day, was admitted into hospital for a finger which had been crushed by an engine seven or eight days before. This finger, almost entirely divested of its fleshy parts, some fragments of which alone adhered to the bones, exhaled a strong gangrenous odour. It was wrapped in a kind of poultice composed of the deodorizing powder made into a paste by means of a little oil. This dressing was effected on Saturday. We saw the patient again this morning (Monday); his finger was, as it were, mummified and had not the least odour."

We shall lay before our readers all further applications of a discovery which may render the greatest services to civil and military surgery, and



from which public and private hygiene, anatomy and medical jurisprudence will derive immense advantages.

— The Minister of Public Instruction has confirmed the double election, made by the Faculty and the Academic Council, by appointing professor of physiology Mr. Longet, whom his remarkable writings no less than his talent as a teacher, had long designated as Bérard's successor.

The Minister, although he had ordered a presentation of candidates for the chair of pharmacy, does not appear to be completely convinced of the necessity of this professorship at the Faculty of Medicine; instead of appointing the first candidate presented, he has named a commission to report to him on the expediency of maintaining the chair of pharmacy.

— The Society of Medical Sciences of the department of the Moselle proposes for public competition, for the year 1860, the following questions :

1. History of diseases of artisans, induced by some one of the principal industries of the Moselle (metallurgy, plush, mines, etc.).
2. Serious symptoms arising in the course of rubeolic and scarlatinous affections : make known their nature, causes and treatment.

Each prize to consist of a gold medal.

The papers to be addressed in the usual academic forms to the Secretary of the Society, at Metz, before the 15th April 1860.

— Mr. Vries, known by the appellation of the *Black Doctor*, made an agreement with Mr. Labbé Bocquet, the terms of which are shown by the following receipt : " Received of Mr. Labbé Bocquet the sum of 80 l. as an instalment on that of 160 l., the sum agreed on for the cure of the cancer, with which Mr. Labbé is attacked. The other sum of 80 l. to be paid after a complete cure has been effected. Paris, 25th December 1858. Signed Vries, rue de Rivoli, 180.

Now Mr. Labbé, whom the *Black Doctor* had undertaken to cure, died, and his widow demanded of Mr. Vries that the sum of 80 l. should be refunded to her ; she argued that, as he had not performed the condition of cure, which his receipt showed he had promised, he could not be entitled to the advances he had received. Mr. Vries refused to repay the 80 l. received, declaring however that he relinquished his claim to the rest of his fees.

The civil tribunal of the Seine condemned Mr. Vries to refund the 80 l. paid to him as an instalment and to the costs.

— By various decrees the following military surgeons have been created knights of the Legion of Honour : Messrs. Glaesel, Barthet, Contrejean, Balech and Casses.

Mr. Martenot de Cordoux has been appointed an officer of the same order.

— The death of the young and beautiful Queen of Portugal has been most deeply felt in Lisbon and in the entire kingdom.

The following details on the melancholy event are forwarded to us, and will doubtless be read with interest :

The disease broke out on the 11th July. On that day Her Majesty had accompanied the King to Vendas Novas in order to be present at some experiments on a new rifled gun. The heat was excessive, and the sandy beach afforded no protection from the sun. A short time before returning to the palace, the Queen complained of an indisposition, which at first was attributed to the effects of a sun-stroke, but soon assumed all the characters of angina.

Doctor Gomez and Baron da Silva gave the illustrious patient their best attention; but on the 16th, symptoms of the most alarming nature were observed. Dr. Simas of the hospital of Mercy, who enjoys a high reputation for the treatment of angina was also summoned, but too late. In the course of the evening the sad intelligence was circulated about the palace, that the life of Her Majesty could not be saved.

The eminent surgeon Barbeza in vain performed, as a last resource, a painful operation on the throat. Human assistance was unavailing, and the unfortunate princess expired at a few minutes after 8 o'clock.

— The French papers stated some time since, on the authority of an English periodical, that twenty-eight surgeons had been taken prisoners and massacred during the civil war in Mexico. These persons were not in reality members of the medical profession, but individuals who, having no claim whatever to be considered as surgeons, deluded the public by practising an art of which they were utterly ignorant, and merely suffered the *lex talionis*. This certainly rigorous and wholesale punishment is perhaps scarcely equivalent to the numbers of lives sacrificed or jeopardized by these pretenders. In Mexico, genuine professional men enjoy, on the contrary, the highest degree of public esteem; in the midst of civil warfare, the same physicians often travel from one camp to the other, bestowing their skill upon both parties; it even happens that hostilities are interrupted, in order to allow the surgeon time to reach the enemy's camp; the white net, which covers his horse, becomes as sacred as a flag of truce.

— The town of Nantes has recently lost one of its most respectable medical practitioners. Dr. Marcé, professor of pathology at the secondary school of this city, member of the town-council and administrator of the Board of Charity, died lately of cerebral rheumatism.

Among the scientific works which have marked a career brought to a premature close we may quote the following :

*Obstructions of the spleen, considered in their relations with the local and functional state of the heart; Capillary bronchitis; Investigations on myelitis; On infra-glottic angina; On influenza; On intermittent fever complicated with pneumonia.* Marcé had also published several papers, of a very superior order, in the *Bulletins de la Société académique de la Loire-Inférieure*.

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For the articles not signed: H. CHAILLOU,

Chief Editor.

## ART. 5694.

*Deodorizing agents applied to hygienic and surgical purposes. — Iodine in typhoid fever. — Some new instances of medicinal sub-cutaneous injections.*

Our expectations have not been disappointed; the question of disinfecting agents, which we entered upon in our last Number (Art. 5693), is now one which occupies all men. Learned societies, physicians, surgeons, chemists, unprofessional persons, all have, for the last month, devoted their utmost attention to the solution of the problems suggested by Messrs. Corne and Demeaux's ingenious discovery. So universal an interest in the matter can be accounted for but by the opportuneness of the communication made by the authors, and the high patronage under which they placed their invention. It was on the 18th July, on the morrow of the bloody battles of Magenta and Solferino, that Professor Velpeau first described to the Academy of Sciences the advantages to be expected from coal-tar and plaster applied to the dressing of wounds, and a week after, he concluded his official report with the following significant phrase: "We have reason to hope that Messrs. Corne and Demeaux's plan for the disinfection of wounds will be of service to the poor wounded soldiers of our army of Italy." Our readers, in the article *Learned Societies*, will find two letters from Marshal Vaillant, which show how completely Mr. Velpeau's hopes have been realized.

The opportuneness and the *à propos* of the discovery have been the true cause of the universal emotion on the subject; but we must say that public opinion has been most grateful to Mr. Velpeau for the promptness displayed in testing experimentally, and in giving publicity to his estimation of the value of the new deodorizing process. The present unanimous assent is, for some few, but the acknowledgment of yesterday's error. Frivolity, siding, on a recent occasion, with quackery in its most ridiculous form, against true science, impersonated by one of its most eminent representatives, was perhaps guilty of a less in-



justice than the fastidious spirit which expressed unaccountable alarm at the admission into the wards of an hospital of the would-be remedies of a foreign mountebank. On the field conceded to experiment, by a respected medical authority, with all due consideration for the interests of humanity, the merit of useful inventions is established as easily as the ignorance of pretenders is unmasked. "When first," says Mr. Demeaux, "Mr. Corne and myself appeared at La Charité to apply our new dressings, pupils, patients and nurses did not conceal a feeling of malicious incredulity. The recollection of the Black Doctor was still fresh in their memories, and under these unfavourable circumstances, twenty-four hours were amply sufficient for our utter discomfiture." The apprehensions of these gentlemen were however soon dispelled, and the distrust awakened at first was shortly replaced by sincere commendations, and Mr. Velpeau was enabled, at the meeting of the Academy of Sciences of July 25th, fully to confirm his previous statements of the 18th.

As we have stated, the external application used by Messrs. Corne and Demeaux is a mixture of plaster and coal-tar. In a 100 parts of plaster, the proportions of coal-tar vary, according to the particular indications of each case, from one to 2 or 3 parts and more. This combination is spread over the surface of wounds, either in a pulverized state, or incorporated into a liniment or pomade with oil or lard. When placed in contact with wounds or animal matter, the compound absorbs fluids, instantly deodorizes ulcers or mortified textures, and substitutes for the most offensive effluvia, a bituminous and by no means disagreeable odour. We may add that, except in some few isolated instances, the application causes neither pain, nor any perceptible inflammation or swelling, and that, far from interfering with the progress of detersion and cicatrization, it seems to promote the healing of the wounds and ulcers.

Similar results followed the use of Mr. Corne's deodorizing plaster at the veterinary school of Alfort, where experiments on the subject were instituted on a large scale, and were the means of bringing before the Academy of

Medicine the important question of disinfecting substances. Mr. Renault, the learned director of the institution, described, at the meeting of 2nd August the comparative experiments he had made with the mixture of coal-tar and plaster, turpentine, creosote, tar, either separately or in combination with each other. From these researches it appears that the above mentioned substances all enjoy, but in different degrees, disinfecting virtues, and that these virtues are less marked when the balsamic or pyrogenous agents are used alone, than when they are mixed with plaster. Mr. Renault is inclined to think that the combination of vegetable tar and plaster is perhaps a better disinfectant than that of coal-tar with plaster; at least, the tarry smell of the former appears to him less unpleasant than the bituminous odour of the latter. For his part, Mr. Velpeau declared he liked one quite as well as the other. The question at issue between these two gentlemen is therefore merely one of olfactory preference; but the much greater cheapness of bituminous tar gives to Messrs. Corne and Demeaux's mixture a decided advantage over vegetable tar, especially in extensive applications of the deodorizer to public hygiene. Mr. Bouley shares this opinion, and, as a surgical appliance, considers the new topic preferable to those with which it has been compared. This professor has tried it at Alfort in wounds of the parotid, the withers, the jugular vein, i. e. in the most fetid ulcers, and he ascertained that the immediate effect of the application had been to render an animal, which, but a few minutes before, was an object of insurmountable disgust, easily approachable. "I declare," said the able veterinary surgeon, "that the agent recommended by Messrs. Corne and Demeaux is indued with admirable disinfecting power, and that, far from retarding the cicatrization of wounds, it has appeared to me to assist materially the healing efforts of nature."

After some further clinical experiments at the hospital of La Charité, Mr. Velpeau was enabled to speak even more forcibly than he had done at the Institute, in praise of the new application. "I have never hitherto met," said the learned professor, "with a better dressing for wounds of a malignant nature. The plaster absorbs the putrid

fluids as fast as they are formed, while the coal-tar counteracts the offensive odour emitted by the traumatic surface." The eminent surgeon, being further of opinion that the agent proposed by Messrs. Corne and Demeaux, has given sufficient proof of its value, recommends much caution in making any changes in a compound which has been finally adopted by its inventors, after reiterated trials well calculated to determine the choice of the ingredients and proportions of the mixture. Thus Mr. Roissart of Marseilles, claiming priority of invention, forwarded to Mr. Velpeau a sample of a disinfectant consisting in a mixture of coal-tar and hydraulic lime. This topic was applied upon a cancerous ulcer of the breast, and caused such intense suffering to the patient, who had previously borne with ease the coal-tar and plaster mixture, that it was found necessary to abandon any further experiments with it. Finally, acknowledging that coal-tar and plaster do not altogether supersede the use of lint, Mr. Velpeau proclaimed that the advantages obtained by the application of the deodorizer were now fully established by numerous and positive facts. Its use is chiefly appropriate in the case of unhealthy wounds, secreting abundant suppuration and emitting fetid and gangrenous effluvia. In amputations, the professor of La Charité would recommend its application in case only the wounds present the above characters; but Messrs. Corne and Demeaux's dressing might be highly serviceable to the wounded of the army of Italy, the injuries received in the field of battle, and especially those caused by cylindro-conical balls being much contused, and attended with lacerations, extensive destruction, sinuses, puriform collections, etc., circumstances requiring imperatively the application of prompt and sure means of disinfection.

The opinion of the profession has generally been favourable to these conclusions, and the invention of Messrs. Corne and Demeaux bids fair to be ranked as a conquest not less felicitous than it is opportune for surgical therapeutics.

We may, moreover, inquire whether the advantages of the coal-tar and plaster mixture may not be extended to public hygiene and to the deodorization of cesspools and



other hot-beds of infection. It is not improbable that such will be the case. In our article *Learned Societies*, our readers will find the instructive remarks made at the Academy of Sciences on this subject by Messrs. Chevreul, Bussy, Dumas, Payen, Velpeau and Paulet. At the Academy of Medicine little more was said beyond what we reported in our first article. We should however notice Mr. Robinet's incredulity with regard to the disinfecting power of the new mixture. Disdaining what he calls olfactory disinfection, Mr. Robinet values chemical disinfection only ; as the latter cannot be demonstrated to take place in the application of the mixture of Messrs. Corne and Demeaux, Mr. Robinet refuses to admit that it has been produced, and therefore this new substance would enjoy no superiority over the other agents of the same description in previous use. This is somewhat arrogant language from the lips of the sceptic reporter of the committee for inquiry into the value of secret remedies, and may perhaps be properly met by the remark of Mr. Dumas "that the benefit conferred is deserving of a certain amount of gratitude entirely independent of theories." But, as Mr. Velpeau and Mr. Bouley both observed, if a wound emits such offensive effluvia as to be repulsive even to charity, and is suddenly deodorized by Messrs. Corne and Demeaux's process, surely the benefit is equivalent to chemical disinfection, which is alone valued by Mr. Robinet. The matter appears to us beyond question ; and, moreover, in the possible applications of the mixture to hygiene, we entirely share Mr. Bouley's opinion. To remove all odour from 770 cubic yards of night-soil supplied every night by the city of Paris is of course not to be thought of ; no efficacious action can be expected upon an ocean of such magnitude, but in each house it will be possible, thanks to the new preparation, to effect the earthy compound, which Mr. Bouley himself succeeded in producing six months ago, and which he carried about with impunity in his pocket. With this parcel about his person, Mr. Bouley travelled in an omnibus without inconveniencing his neighbours, reached Mr. Gobley's house in time for dinner, and deposited his mysterious bundle on the table of the learned chemist, who detected naught but a

bituminous odour and promised to examine the unknown substance. The meal was then proceeded with and no tell-tale emanation attracted the notice of the guests or interfered with their appetite.

Want of space prevents us from expatiating at greater length upon this important question of disinfectants. For some time numerous communications on this subject have been forwarded to the Academy. Mr. Marchal (de Calvi) read a short paper, which we insert in another place, on the antiseptic and disinfecting power of iodine; Mr. Moride, a dispensing chemist at Nantes, has presented a memoir on the virtues of powdered Boghead coke for preserving and purifying animal and vegetable matter. The impulse is now given to all inquiries relating to the means of promoting salubrity. We cannot but applaud this general tendency, and testify our gratitude to those who encourage it, public opinion being justly preoccupied with the requirements of the army, and the hygienic alterations called for by the gradually increasing concentration of human life in cities, factories and workshops.

— To point out the utility of iodine in the treatment of typhoid fever, is still to speak of disinfectants. Mr. Marchal (de Calvi), when describing before the Academy of Sciences, at its meeting of August 8th, the advantages derivable from this substance in the dressing of wounds, justly reminded his hearers of the interesting experiments instituted by a modest though eminent chemist, Mr. Duroy.

Desirous of testing the antiseptic properties of iodine, Mr. Duroy chose three liquids, milk, blood and albumen. He placed them in separate vases together with an excess of iodine ( $\frac{1}{6}$  gr. of the latter to every 16 gr. of the substance acted on). These iodized mixtures were left uncovered, and were observed comparatively with similar substances, in precisely the same external conditions, but without the addition of iodine. At the end of a month *the iodized substances were in a state of perfect preservation*, while those which contained no iodine were *thoroughly putrefied and emitted an insupportable stench*. The same author, having observed between putrid matter and iodine a singular affinity, so great that not only the existing change is

instantaneously neutralized, but further that the presence of iodine absolutely renders it impossible, proposed the use of this metalloid in all cases in which septic and virulent elements have to be counteracted. Messrs. Brainard and Greene have shown how correct was Mr. Duroy's surmise by completely annihilating with iodine the venom of the rattle-snake and the ourari poison. Hence the power of iodine to check the putrid changes characteristic of ferments, and of virulent and miasmatic substances generally, can readily be conceived. It is not, therefore, surprising that a sagacious observer, whose name occurs in Mr. Marchal's paper, Dr. Magonty, should by analogy have been led to try in typhoid fever a substance, which not only produces wonderful effects upon wounds of a malignant nature, when locally applied, but the efficacy of which is soon manifest upon the entire system, as a consequence of absorption. Whatever theoretical idea may be formed of the disease in question, it is an undoubted fact that the intestinal secretion is perverted and gives rise to preeminently poisonous products, which it is all important to remove or to neutralize. Hence the now universally admitted necessity for the exhibition of aperients. As to the anti-putrid or neutralizing mode of treatment, it had been set aside since Chomel's fruitless attempts. But although alkaline chlorides failed in the hands of the much lamented professor, it is not impossible that iodine may prove more fortunate, and in this respect, we deem it desirable to call the attention of the profession to a publication of Mr. Magonty, entitled *a new mode of treatment for typhoid fever*.

From about twenty cases upon which this work is based it appears that, whenever iodine was exhibited *in potu*, the external and apparent features of the fever, such as fuliginous deposits, sordes, etc. rapidly disappeared. Given in enemas, iodine immediately destroyed the fetid odour characteristic of the excretions in this disease. But, to use Dr. Magonty's expression, the *heroic* action of the remedy is not limited to the symptoms we have indicated; iodine also produces a new and deep modification in the combination of morbid manifestations, and in some instances appears to have checked their progress. A further



circumstance which should encourage the practitioner to give a trial to this mode of treatment, and which distinguishes it from other neutralizing and antiseptic methods, is its absolute innocuousness, an advantage not to be expected from mercurials, bromine, chlorine, etc.

Iodized solutions as a beverage, and in the form of enemata, answer the twofold indication it has been Dr. Magonty's purpose to satisfy and which the new mode of treatment is calculated to meet. These solutions consist of iodine dissolved in distilled water with the assistance of iodide of potassium. The proportion of iodine should vary according to the age and strength of the patient from  $\frac{1}{3}$  of a grain to 2 gr. for 8 oz. of water, the amount of iodide of potassium being invariably  $\frac{1}{2}$  a drachm. From two to four table-spoonfuls of this mixture should be given in the course of the day. For the enemata, the quantity of iodide of potassium should be 8 gr. for  $\frac{1}{2}$  gr. — 1 gr. of iodine, in 4 oz. of water. The enema should be repeated night and morning after a simple injection of warm water.

Dr. Magonty has moreover had the happy idea of reproducing a series of formulas applicable to different ages, and various cases, an addition which stamps his pamphlet with a practical character well calculated to increase its interest. In addition to ingenious remarks on the supposed action of iodine, indications will be found in this epitome of the precautions useful and even necessary to secure the good effects of the treatment.

Dr. Magonty's publication contains, as we have stated, the record of about twenty cases favourable to the exhibition of iodine in typhoid fever. These twenty cases are doubtless insufficient to justify the hope that a specific has been discovered; but if we take into account several successful instances of the same kind observed by Mr. Marchal (de Calvi), we must conclude that the method is deserving of further experiment, particularly as it does not exclude the use of aperients, and is totally destitute of danger.

— Some twelve months ago, we described in the present journal the method of treatment instituted by Mr. Alexander Wood of Edinburgh for the cure of neuralgia. Al-

ready medicinal sub-cutaneous injections were in common use at that period on the other side of the Channel. In France these injections are still invested with a character of novelty, and had it not been for Mr. Béhier, they would probably have long remained unknown to the profession in that country. Thanks to the physician of Beaujon Hospital, Mr. Wood will find among French practitioners many imitators, for, no sooner was the Scotch method brought before the Academy, than all efforts appear to have been used to efface by a somewhat delayed but earnest zeal, the recollection of a lamentable and undeserved indifference. At the Hôtel-Dieu, Professor Trousseau, Mr. Becquerel at La Pitié, Dr. Hérard at Lariboisière, and other hospital physicians have performed these narcotic injections for the cure of various forms of neuralgia. We shall take another opportunity of describing the experiments upon which it is Mr. Trousseau's intention to ground his report to the Academy, but it is already in our power to indicate the results, which the injection of the solution of belladonna has yielded to Messrs. Becquerel and Hérard.

The *Gazette des Hôpitaux* relates four cases of intercostal and ischiatic neuralgia cured by Mr. Becquerel by the assistance of this method. In one instance of very violent intercostal neuralgia, which had lasted four days in a girl, and in which the pain was peculiarly intense in three distinct spots along the course of the twelfth rib, a complete cure was effected by two injections performed at forty-eight hours' interval. A similar result was obtained after three injections in the case of a woman, aged thirty-six, in whom sleep and the digestive functions had been much disturbed by intercostal neuralgia on a level with the tenth rib.

Besides these cases, we may mention two instances of ischiatic neuralgia, one of which is more especially deserving of notice. It occurred in a woman aged thirty-three, who was admitted into hospital on 31st May. The patient, remarkable for her emaciation and pallor, stated that she had taken the disease in consequence of having resided twelve months in a very damp shop. She complained of dull pain along the entire course of the ischiatic

nerve and its ramifications; in the neighbourhood of the trochanter and in the middle of the thigh the pain had a lancinating character, and numbness was present in the sole of the foot. During three months sulphur baths, fomentations, liniments, blisters, iodide of potassium, etc. had been resorted to; but after an amelioration, which had lasted eight weeks, a relapse having taken place, the same course of treatment was instituted, without however any permanent benefit.

On 2nd June, an injection with sulphate of atropia was, for the first time, performed in the neighbourhood of the trochanter major. During twenty-four hours, the signs of penetration of belladonna into the system were observed, the pain having vanished, as it were, by magic. On June 5th, in the evening, some suffering was complained of in the leg; a second injection was performed producing perfect local anæsthesia, and from this time the pain disappeared altogether.

In Mr. Becquerel's four cases, each injection contained  $\frac{1}{6}$  gr. of sulphate of atropia. The therapeutic effects of the remedial agent were in no instance immediate, but were developed in the course of two, three and four hours only. With regard to the toxic effects, they lasted from eight to twenty-four hours.

The cases observed at Lariboisière hospital by Dr. Hérard are equally satisfactory. From a note published in the *Union médicale* by Mr. A. Coulon, the house-surgeon of the wards, we gather the following facts: Mr. Hérard constantly used a solution of sulphate of atropia of 5 gr. to the ounce of distilled water. On each occasion the amount of fluid injected amounted to from 6 to 10 drops, containing therefore from  $\frac{1}{20}$  to  $\frac{1}{10}$  of a grain of sulphate of atropia. He performed twenty-five injections without the occurrence of any local mischief in the neighbourhood of the punctured spot.

A few minutes after the injection the physiological action of the remedy was expressed by dryness of the mouth and throat, head-ache, giddiness, and vertigo, which the patients themselves compared to the effects of inebriety. Some disturbance of vision, nausea, and vomiting were also observed, the pupils of the eyes being in most instances



much dilated. These symptoms yielded without any treatment, at most in forty-eight, and often in three or four hours.

Ten of Mr. Hérard's patients also underwent the same medication for the following forms of neuralgia, viz. :

Ischiatic neuralgia. . . . .	3
Rheumatic muscular pain . . . .	3
Muscular pain in subjects affected with hemiplegia. . . . .	2
Contusion. . . . .	1
Facial neuralgia. . . . .	1

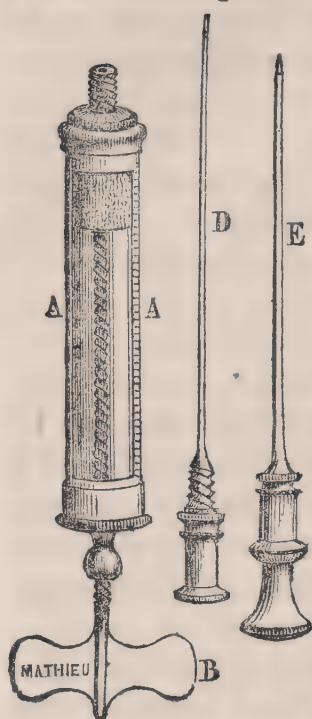
In all these instances, with the exception of the case of contusion, the injection of sulphate of atropia effected a cure, or at least gave considerable relief. In one patient, a single injection was sufficient; in the others, on the contrary, several injections, at one or several days' interval, were requisite.

The three cases which, in Mr. Coulon's opinion, best demonstrate the efficacy of this mode of treatment, are the three cases of ischiatic neuralgia, because the disease had long persisted with a high degree of intensity, and because a great variety of remedies had been unavailingly resorted to. The first patient was a young woman aged twenty-five, who had been a sufferer for eighteen months; the second had been ill four, and the third seven months. A single injection on a level with the seat of pain was sufficient in each to remove it altogether.

It is also a fact which practitioners should not lose sight of in applying Mr. Wood's method, that in all the cases of injection the absorption of the drug was most rapid, as may be seen from the development of the physiological effects of belladonna.

We will conclude this article with a few short remarks on the instrument adopted for injection, as many letters have reached us requesting information on the subject. As we stated in our last Number, in England Fergusson's and in France Pravaz's syringe have been adopted, both originally constructed for the same purpose. The latter has been somewhat modified, at Mr. Béhier's suggestion, and

the accompanying wood-cut will show the utility of the changes and give some idea of the entire apparatus. Mr. Mathieu protects the crystal pump by two small me-



tallic rods AA, which increase its strength and impart more solidity to the fitting. Mr. Mathieu moreover has rendered the trochar E quite capillary, as also the canula D which guides the liquid through the larger canula of the trochar.

The syringe being full, and the canula D affixed to it, the skin is punctured with the trochar E, which is then withdrawn, and the canula D being inserted into the pipe E, a simple movement of rotation imparted to the handle B forces, at each quarter of a revolution of the screw, one drop of the fluid into the tissues, viz. a given quantity of the medicinal agent penetrates into the neighbourhood of the nerve which is the seat of pain or of paralysis.

## ART. 5695.

## HOSPITAL OF LA CHARITÉ.

(Dr. Beau's clinical conferences.)

*Pneumonia, emetic mixture, expectation; remarks on blood-letting in inflammatory disease.*

On 23d May, two women, aged respectively sixty and thirty-six, were admitted into St-Vincent's ward for the treatment of pneumonia. Both patients had undergone much fatigue; they were debilitated, and therefore, according to Mr. Beau, *predisposed to inflammation*. One of these women had suffered from pleurodynia, which Mr. Beau does not refer to pleuritis, but to inflammation of the intercostal nerves, an opinion, which seems to be confirmed by the fact that the pain frequently spreads

towards the abdomen, far beyond the limits of the pleura. The physical signs in the first case consisted in tubar respiration at the back, on the right side, without any crepitus, but accompanied by ægophonic bronchophony. Since Laennec ægophony has invariably been considered characteristic of pleuritic effusion, but Mr. Beau has frequently ascertained its presence in hepatization. In the second case no tubular breathing was audible, but prolonged expiration was present, a sign usually produced by tubercular condensation of the lung, but which may also be observed when a hepatized portion is covered by a layer of healthy lung. Tubar respiration is then more or less concealed by the vesicular murmur in the sound part, hence prolonged expiration, which is but a variety of *souffle*. In pneumonia, this sign is favourable : when accompanied with scantiness of the characteristic sputa, it indicates that the disease is circumscribed.

On the day of her admission into hospital the first patient took the mixture of tartar emetic and ipecacuanha, which, as we stated on a former occasion, is one of Mr. Beau's favourite prescriptions. This mixture (Pulv. ipecac. 16 gr. Potassæ antim. tartratis 2 gr. Aq. 4 oz., to be taken in two doses, at ten minute's interval) acted powerfully ; it induced copious vomiting, abundant motions, and the improvement was immediately marked by the disappearance of the stitch in the side. A blister beneath the axilla, the only counter-irritant to which in such cases Mr. Beau has recourse, achieved the cure.

In the second patient, matters followed a course even more simple than in the first, cough-mixtures and demulcent beverages having been the only means employed.

M. Beau seldom prescribes venesection in pneumonia, and as that disease is in pathology the prototype of phlogosis, it may not be without interest to describe the motives, which induce the professor to exclude from its treatment and from that of inflammations in general, a method which has so long been considered as the most powerful.

At the beginning of the present century, phlegmasia was considered as synonymous with richness of the blood. After blood-letting, a large amount of coagulum was held to indicate great richness of the blood, the buffy coat formed



by the fibrin being considered the undeniable proof of this condition; when this network of fibrin was thick, the practitioner congratulated himself upon having prescribed phlebotomy, and so long as it covered the clot, was disposed to persist in the same method. Youth and strength of constitution were likewise looked upon as circumstances favourable to the development of inflammations. We shall presently see what Mr. Beau thinks of this opinion. As to the notions derived from the inspection of the coagulum, the recent splendid researches on the composition of the blood show, according to Mr. Beau, the utter fallacy of the inferences drawn by our predecessors from the size and buffy appearance of the clot. Previously to these researches it was not known that two distinct ingredients of the blood, the fibrin and corpuscles, conduct themselves in a very different manner under the influence of blood-letting.

When inflammation is left to the resources of nature, the red particles of the blood decrease in quantity, because no food being taken, nutrition is less active; the proportionate quantity of fibrin, stationary during health, increases, on the contrary, as the corpuscles diminish, until the *vis medicatrix naturæ* brings on convalescence. An opposite change then begins, and the red particles increase with recovered health and restored appetite, the fibrin undergoing a daily diminution. Now, if blood be abstracted during the course of inflammatory disease, the above changes are merely augmented and quickened; and the relative proportions of the fibrin, instead of being diminished, are positively increased at the expense of the corpuscles, so long as the phlogosis has not entered into the stage of resolution. Mr. Beau endeavoured, in the course of the present lecture, to show the concordance in this respect of chemical analysis with clinical observation.

With regard to the influence of age and strength upon phlogosis, the professor confuted the opinion which represents these circumstances as favourable to inflammatory action. Phlegmasiæ are chiefly observed at the two extremes of life, and in weak and debilitated subjects. The asylums of Bicêtre and La Salpêtrière testify to the great mortality occasioned in the aged by pneumonia. It is the same with children. Youth is the age of fevers; not

that it enjoys an absolute immunity from inflammation, but if the history of the cases of phlogosis at that period of life is thoroughly sifted, if the condition of the patients previously to the premonitory chill be carefully inquired into, it will be found that they invariably complain that for a fortnight, three weeks, one or two months they have been pale, altered and lost flesh. They were in fact affected with relative anæmia, and their constitution was by that circumstance deprived of its power of reaction; it is because they were in a debilitated condition that, like children and elderly persons, they have become a prey to inflammation.

These views widely differ from those commonly entertained, but they are not merely theoretical. Thus Mr. Claude Bernard has produced, by the division of the cervical glands of the sympathetic nerve, puriform pleurisy in anæmic dogs, the same operation being performed with impunity upon other dogs in good health.

It, therefore, seems obvious that anæmia and debility promote the development of phlegmasiæ; let us consider the influence of blood-letting upon this form of disease; but it is important to establish previously the fact that pneumonia, whether abandoned to the unaided efforts of nature, or treated by various methods, frequently yields in the space of a week. The fact has been put beyond doubt by the observation of Messrs. Andral, Louis, Beau and many others; it accounts in a satisfactory manner for the alleged cures for which credit is given to homœopathy and fully justifies expectation in the greater number of cases.

So early as 1750, Quesnay, in his *Treatise on the effects of venesection*, stated that, in order to estimate correctly the value of that mode of treatment, it would be desirable to take into account the efforts of nature, and ascertain if, instead of promoting them, abstraction of blood did not act in an opposite manner: Quesnay was undoubtedly right. In 1828, Mr. Louis expressed doubts as to the advantages of bleeding in pneumonia. Magendie never abstracted blood from patients suffering under this disease. According to Mr. Beau, these two practitioners took a correct view of the matter, experience having sub-

sequently demonstrated that the benefits conferred by blood-letting in pneumonia are merely exceptional.

Thus Dr. John Hughes Bennett of Edinburgh, in an excellent treatise on the practice of Medicine, published in 1858 records statistics which justify Louis' doubts and Magendie's conduct. Of 648 cases of pneumonia treated in the Royal Edinburgh Infirmary from July 1, 1839, to October 1, 1849, by Drs. Reid, Peacock, M'Dougall and J. H. Bennett, 388 were cured, 38 improved and 222 died. Previously to that period, of 50 cases treated by the same system, 31 were instances of cure or improvement and 19 terminated fatally. (The proportion of deaths observed by Mr. Louis was 32 out of 107.) In juxtaposition with the above figures, Dr. Bennett places significant abstracts from the case-books of the hospital of La Charité at Vienna. In 380 cases of pneumonia various forms of treatment were applied by Dr. Dietl with the following results : *blood-letting* 85 cases, cures 68, deaths 17 ; *tartar-emetica in large doses*, 106, cures 84, deaths 22 ; *dietetic measures*, 189, cures 175, deaths 14. Dr. Bennett further adds that these 14 fatal instances were all complicated, whereas of the 17 deaths mentioned in the first series, viz. in the patients treated by blood-letting, 7 were uncomplicated cases.

For eight years, Dr. Bennett has adopted in his practice the system of expectant treatment, which has been so successful with Dr. Dietl. He merely prescribes alkaline powders for the purpose of decreasing the viscosity of the blood, and as soon as the pulse diminishes in frequency, he allows beef-tea, light food and from 4 to 6 oz. of wine, if the patients are weak ; he also exhibits diuretics towards the close, to remove the urates from the blood, unless abundant diaphoresis or increased intestinal action be present, when he cautiously abstains from interference. This system, followed up at the Royal Infirmary, has given as a result 63 cures in 65 cases, figures which require no comment.

After these remarks on the inefficacy of bleeding in pneumonia and in phlegmasiæ generally, Mr. Beau considered it desirable to allude to the disadvantages and even the dangers of the method. Venesection diminishes the



relative proportion of red particles in the blood, and the consequences are the exhaustion of the patient and the protracted duration of convalescence. They moreover increase the proportion of the fibrin, promote inflammatory action and aggravate the sufferings caused by fibrinous extravasation in the structures of the body, a circumstance not observed in those forms of active hyperæmia to which blood-letting is applicable; so much for the disadvantages of phlebotomy. As to its dangers, they arise from the debilitated condition induced in the patient, and from the disposition of the blood, overloaded with fibrin, to coagulate and inflame the blood-vessels. "It is not in powerful men," said Laennec, "that you meet with coagula in the heart." In the wards where the practice of venesection prevails, endocarditis, polypous concretions and emboli are more frequent than elsewhere.

Should we conclude that blood-letting must be banished from the treatment of inflammation? Assuredly not. In some cases, for instance, pneumonia is engrafted upon a congestive condition, and requires abstraction of blood. Now, in women, who have reached the critical period of female life, and who suffer from irregular circulation, if pneumonia supervene, you will promote the cure of the disease by blood-letting, but this is an exceptional illustration. In many cases in which plethora is present, phlebotomy doubtless gives relief; but it likewise relieves chlorotic and hysterical patients; only bear in mind that the alleviation is but temporary and that the leading symptoms are aggravated instead of being checked by the practice.

To recapitulate, it is all-important, according to Mr. Beau, carefully to discriminate between congestion and inflammation; to the former phlebotomy is applicable, and may be beneficial, although it is often but a palliative. In genuine inflammation, on the contrary, blood-letting is more injurious than serviceable, and is absolutely inconsistent with the teachings of clinical observation and the more recently acquired notions of hematology.

## ART. 5696.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

( Mr. Nélaton's wards. )

*Cerebral concussion requiring energetic treatment. — Abscess of the breast in virgins and new-born children. — Fracture of the extremity of the sacrum. — Inflammation of the vulvar follicles.*

On the 23th of June last, a coachman, very probably in a state of intoxication, fell from his box on the pavement. He became unconscious, and in that condition was brought to the hospital, where, under the influence of internal and external stimulation he recovered his senses. During the ensuing night, he vomited several times; the next morning, when first Mr. Nélaton saw him, he was utterly ignorant of what had happened on the previous day, complained much of *pain in the head*, pointing at the same time to the left temporo-mastoidean region which was swollen, tender and presented an extensive ecchymosis. Neither blood, nor fluid of any kind was however detected in the outer ear or the nares; the sense of hearing was perfect, but diplopia was present, the placard at the foot of the bed appearing to the patient double. This circumstance induced Mr. Nélaton closely to inquire into the condition of the nervous functions. He carefully examined the facial nerve for the purpose of discovering some trace of injury of the brain, and ordered the patient to wink and to whistle. The former movement was readily performed, but when he attempted the latter, he found that he could not accomplish it with his accustomed ease, and moreover complained of a certain amount of dryness of the mouth. This diminution of the power of whistling is doubtless a trifling circumstance, but however requires notice, as it is an indication of paralysis of the facial nerve, a very incomplete loss of power no doubt, but still very significant in this particular case.

Mr. Nélaton did not hesitate, in consequence of these various phenomena, to consider the situation of the pa-

tient sufficiently perilous to justify active interference. In such cases, said the professor, the practitioner should be on his guard. It is generally supposed that consciousness being restored, matters will soon mend and take a favourable course, an opinion which may be fatal to the patient. From concussion to contusion of the brain the distance is but small, and after two or three days of deceptive calm, characteristic symptoms may appear and assume a fatal intensity. We should therefore take into consideration the fall and the phenomena by which it was uninterruptedly followed: loss of consciousness, vomiting, persisting head-ache, nervous disturbances of even a slight character, etc., and hasten to apply active medication. The following was the treatment instituted by M. Nélaton in the case under consideration:

The accident occurred on the 24th; on the 25th the patient was bled from the arm, and 40 leeches were applied 4 at a time, in succession, behind the mastoid process, in order to produce a continuous flow of blood; five grains of calomel were given in one dose and a bladder filled with ice was applied to the head. On the 26th, twenty leeches were applied in the same manner as on the previous day; calomel and ice locally were also resorted to. The head-ache continuing on the 27th, the head was shaved and covered with a large blister. From this time, improvement began, the pains complained of at first yielded, the patient slept, and on July 1st his condition was perfectly satisfactory.

— Mammary abscess is seldom observed except during lactation. It may however occur in young unmarried women that the sebaceous follicles of the skin of the breast become inflamed, and the irritation spreading to the circumambient cellular tissue, a genuine abscess of the mamma is the consequence. In three years, Mr. Nélaton has observed in his ward, three cases of this description, and the last in a girl of fifteen; the abscess, of the size of a walnut, was opened, and puriform matter mixed with blood escaped through the incision. The dressing consisted in the insertion of a tent into the orifice and in poultices, and a complete cure was rapidly effected.

Mr. Nélaton here mentioned the singular lacteal collec-



tions observed in infants during the exfoliation of the cuticle. At this period the breast becomes the seat of painful swelling and of a secretion in which the microscope has detected the constituents of milk. In general, this curious secretion, which we have on another occasion described in Mr. Natalis Guillot's clinical lectures, gives rise to no morbid symptoms, and is merely a natural physiological event. Sometimes, however, mammary abscess is induced, as in nurses, and by the same mechanism as in the latter. The obstruction of the galactophorous ducts occasions the incarceration of the milk, inflammation follows distension, and subsequently produces an abscess, with sometimes such extensive detachment of the skin as to lead to fatal results.

Mr. Nélaton related a case in point which he observed a month ago; the patient, a little girl aged ten days, presented coincidently with marked swelling of the mamma and secretion of a lacteous fluid, a vulvar discharge analogous to menstruation. Mr. Nélaton was not inclined to consider these concomitant symptoms as characteristic of premature sympathetic action between the mamma and the organs of generation. These sanguineous excretions have nothing in common with the catamenia, and moreover the swelling of the breast with the accompanying milky secretion are indiscriminately observed in both sexes in new-born infants.

— Another uncommon disease, of which Mr. Nélaton has met but two instances, is the fracture of the sacrum above its articulation with the coccyx. On July 18th a young woman at the swimming school, was standing on the damp steps of a wooden ladder, when she suddenly slipped and fell, striking violently the edge of one of the steps with the lower part of her person. The pain was at first excessive and persisted for some hours after the accident; she could not cough, sneeze or expectorate; the most trifling movement awakening sharp pain in the sacro-coccygean region. Several days elapsed without improvement, and the patient applied at last for admission to the hospital of the School of Medicine.

After careful examination, Mr. Nélaton observed exter-

nally in the painful spot a prominence above the articulation alluded to; below this spot the vertebral column was suddenly interrupted and could not be felt, its extremity being propelled forward. In some women, this angular disposition of the parts exists, without any previous accident to account for it; but in such cases examination per anum gives evidence of deviation of the vertebral column and occasions no pain. In the present instance, on the contrary, introduction of the finger was exquisitely painful, and the fore-finger pressing upon the wall of the intestine, which was raised by an osseous projection, seemed to displace a fragment of bone imbedded in the flesh. This proved to be the actual cause of the patient's sufferings; fracture of the sacrum being obvious, the question arose as to the propriety of reducing it. In the records of science are to be found numerous instances of reduction after dislocation of the coccyx or fracture of the sacrum; but in the present case, after some fruitless attempts to replace the broken bone in its proper direction, Mr. Nélaton considered it wiser to abstain from further interference. Although these cases, as we have stated, are rare, still experience has pronounced on the subject: Thanks to the extent of the pelvis and the dilatibility of the rectum, the deviation entails no serious consequences. No injurious pressure is to be apprehended in this region, and the protrusion gradually becomes more rounded and less considerable. When, on the contrary, it is attempted with the finger or an instrument forcibly to replace the bone, inflammatory symptoms may be induced, the consequences of which cannot be foreseen. It is therefore in every respect proper to limit surgical interference to the prescription of repose and warm baths, and to leave to nature an unimportant deformation, which, even in the event of pregnancy, would not constitute an obstacle to natural parturition.

— We will not conclude these clinical remarks without adverting to a woman aged forty, who presented a model specimen of the disease described, twelve years since, by Mr. Robert, under the denomination of inflammation of the vulvar follicles.

In order to understand this affection, which is not well known in general, Mr. Nélaton thought it necessary to recur to the anatomy of the external female organs of generation. At each side of the aperture of the urethra, and more or less close to it, may be seen two or three follicles, which sometimes are situate within the urethra, but are in that case very near the orifice of the duct. They are a mere depression of the mucous membrane opening outwardly by a narrow neck. Other depressions of a similar sort are disseminated along the sides of the opening of the vagina arranged here and there in numbers varying from 4 to 6 at most, and penetrating to a depth of  $\frac{1}{3}$  of a line to 2 lines  $\frac{1}{2}$  : some indeed sink into the mucous membrane to the extent of 4 lines. Now these follicles may become inflamed, without the mucous membrane participating in such inflammation, and the symptoms observed are similar to those which were met with in the patient who suggested the present remarks.

In this woman the meatus was obstructed by little scarlet protrusions, resembling a small polypus, and on each side of the vagina two minute cavities, which might admit a pin's head, strongly contrasted by their bright cherry colour with the much paler, roseate hue of the mucous membrane.

It sometimes happens that slight pressure causes a drop of muco-pus to exsude from these follicles ; this is a fact of some significance, but a far more important symptom is the pain, the exquisite tenderness to contact and the extreme difficulty of exploration with a style. Instead of a metallic instrument, the surgeon is compelled to use the softened extremity of a piece of paper rolled into the shape of a probe, and when the parts are touched even with this harmless instrument, the patients shrink from its contact on account of the excessive pain it occasions. The vulva, in its other parts, presents no tenderness of the kind. In Mr. Nélaton's patient, spontaneous pain was also present. After exercise she complained, in the evening, of a pain resembling the sting of a wasp, which threw her lower extremities into a state bordering on convulsion. This extreme violence of suffering is not however observed in all cases. In general, women suffer in passing water,



and in performing their toilet; in some instances sexual intercourse is intolerable; at some hours of the day the pain decreases, at others it becomes aggravated. Besides local suffering, women complain of pains in the bladder or womb, which may mislead the practitioner. But the most common error consists in mistaking the inflamed follicles for urethral polypi, or for sinuses when they are deep and secrete a muco-purulent fluid. Polypi will be readily distinguished by the fact that they are painless and bleed on the slightest contact, whereas a puriform discharge oozes from the follicles.

The treatment of the disease is of the simplest character, and consists in cauterization, which is always successful. A well pointed stick of nitrate of silver might be used; but the object being, not to modify merely a mucous membrane, but to destroy the follicular surface, the Vienna caustic is preferable. The size of a pin's head of the paste is conveyed on the blunt extremity of a probe into the cavity of the follicles, utterly destroying them in a very few minutes, the ambient cellular tissue being likewise cauterized in an extent of  $\frac{1}{3}$  of a line. The parts are afterwards fomented and the eschar becomes apparent. This operation, which is very easy for vulvar follicles, is not so readily accomplished in the meatus. As they are however collected in one cluster, they can all be involved in one cauterization, care being taken to avoid injuring the upper wall of the duct. The eschar falls away after a time, leaving a wound, which at first causes pain during emission of urine, but soon heals and no further suffering is experienced.

Mr. Nélaton has treated in this manner numerous cases of the kind, and he has invariably succeeded, with one operation, in effecting a cure in a space of from 2 to 3 weeks and a half. This result was attained in the case we have described. We should add, that the woman, a very nervous and sensitive subject, inhaled chloroform, and that there is no reason why in this operation the benefit of anæsthesia should not be conferred upon the patient.

## ART. 5697.

*Metallotherapy and its application to the treatment of chorea.*

In a late Number of the present Journal we related several interesting cases of painful muscular contraction and of chorea, treated at St. Eugénie hospital, in Mr. Bouchut's wards by the application of brass *armatures*. This article has been reprinted verbatim in many important organs of the medical and scientific press. This manifest proof of the interest, which attaches to the propagation of a mode of treatment to which we have specially given our attention for ten years, induces us to record a few remarks which may explain alternations of success and failure which cause surprise to unprepared observers, and imperil the eventual introduction of metallotherapy into the domain of legitimate medicine.

How is it that, from the experiments of the Revd Abbé Lenoble, who was the first in 1763 to apply *steel armatures* in the treatment of certain forms of neurosis, down to the recent attempts made in Mr. Bouchut's wards, with varying results, how is it, we will ask, that the opinion of the learned on the subject has been so fluctuating? Why does it hesitate between adoption and rejection of the method? To this question we will endeavour to give a satisfactory reply. Perhaps our readers will peruse with interest an historical account of metallotherapy; but in order that this disquisition may be shorter and more fruitful in practical deductions, we will, in the first place, offer for their consideration the following remarks, with which we concluded a Memoir, read on July 26, 1859 to the Academy of Medicine, on the application of the method to the treatment of chorea.

In most instances, Saint-Vitus's dance would seem to be but a simple neurosis, marked, like many others, by a more or less distinct diminution of muscular contractility and of general and special sensation. A very remarkable difference has however struck us between this disease and the other forms of neurosis with which it might be supposed to be most closely connected; it is that, in consequence of certain requirements, which we

shall subsequently describe, in hysteria for instance, dyspepsia is of usual occurrence, whereas, in chorea, we occasionally observe the contrary condition, the appetite being preserved and being occasionally almost voracious.

“ A nervous temperament, a certain extent of muscular relaxation, and the other circumstances, which by their combination, constitute what is called the chloro-anæmic state, predispose much to this disease, and the same may, in all probability, be said of rheumatic diathesis. As to the efficient causes of chorea, two are more particularly deserving of notice :

“ 1. A sort of *vis à tergo*, caused almost always by the accumulation in the centres of innervation of nervous power, which is not expended in the same degree by the organs affected with anæsthesia, amyosthenia, paralysis, or any other symptom, such as amenorrhœa, denoting a diminution or absence of the nervous influx.

“ 2. Some sudden mental emotion, such as fear in most cases, which, suddenly invading the system in an unprepared state, abruptly interrupts, for a more or less considerable period, nervous expansion, and causes the unrestrained nervous influx to be henceforward consumed without profit and without purpose. It is this unceasing and sometimes excessive expenditure, which explains the unusual nutritive requirements we have alluded to in some cases of chorea.

“ Sometimes, however, the first of the causes we have indicated may be absent, and this circumstance, chiefly denoted by the non-appearance of anæsthesia and amyosthenia or other negative signs of the same class, perhaps coincides precisely with those cases, in which rheumatism has been supposed to play the principal part in the production of the disease.

“ So distinct is the common share of anæsthesia, amyosthenia and all the other negative nervous characters observed in St. Vitus's dance, as in the greater number of forms of neurosis, that the external and internal remedies, which prove specially beneficial, have and can have, as we have frequently stated, no direct action but on sensation and contractility which they restore to their natural condition. Thus, we may mention sulphur baths, hydropathy in all its forms and gymnastic exercise; — internally tonics, more especially strychnia, and certain dynamic agents, such as iron, zinc, etc., the effects of which can always be estimated with precision with the assistance of the æsthesimeter and dynamometer.

“ Metallotherapy has long since added new agents to the list of active remedies already known. They consist merely in the application above each diseased joint of certain metals, copper, brass, silver, gold, in the shape of rings or bracelets from 2 to 2  $\frac{1}{2}$  inches broad.

“ Brass being one of the most active metals, early recourse to this remedy gives many chances of success; but this is an improper mode of proceeding, as the issue is entirely dependent upon fortuitous circumstances.

“ In order that no time should be wasted or useless medications adopted, it is requisite that previous *metallic exploration* should point out the metal to be preferred.

“ This exploration should be instituted as follows : after having ascer-



tained the insensibility of any part of the skin, chiefly in the upper extremity for the convenience of the operator, discs or common metallic objects should be applied to the part in the following order, copper, brass, steel, until one is found, which promptly and distinctly reestablishes sensation, at first in the spot where the metal has been applied, and subsequently in its neighbourhood : for this research 5, 10 minutes or a quarter of an hour at most, are amply sufficient. The active metal specially appropriate to the case, having been thus discovered, should be permanently applied the first and second days, and 8 or 10 hours only, the ensuing days, and not consecutively. A cure will thus speedily be effected, unless, as it sometimes happens, the metallic action should be soon exhausted.

“ If anæsthesia be absent, muscular power should be tested with the dynamometer ; and if amyosthenia, or a certain amount of weakness, is detected in the pressure exercised by one or the other hand, the appliance to the corresponding fore-arm of a broad ring or bracelet of the appropriate metal, should any have been found peculiarly suitable to the case, will also, in a very short time, restore muscular power to its natural condition.

“ When finally neither anæsthesia nor amyosthenia is discoverable, the researches should bear on the choreic symptoms themselves ; but they would inevitably demand a somewhat longer space of time, without however being more difficult. Thus, a partial application of one or two bracelets of brass, steel, silver or gold on the arm most affected will clearly indicate, in the course of one or two days at farthest, if this remedy may be depended on to effect a cure.

“ In general, in order to hasten the result, the practitioner imitating the usual prescriptions of metallotherapy, will derive much advantage from the internal exhibition, in suitable doses and form, of the same metal which has been found externally efficacious.

“ In the remarkable cases recorded in the *Journal of Practical Medicine and Surgery* by Mr. Bouchut, on the subject, he relates an instance, in which he found copper as useful as an internal medicine as it had proved beneficial externally.

“ When the exploration utterly fails, or when the metallic applications have seemed to aggravate the symptoms, as Mr. Bouchut and myself have several times observed, this important method of treatment should not therefore be abandoned : it will be proper in the first place to have recourse to humid applications of brass, which we found eminently serviceable for the relief of cramps, in the cholera of 1849, after they had failed in a dry state ; this modification merely requires the interposition between the skin and the metal, of several folds of linen impregnated with salt and water. Should this remedy also prove unavailing, one more highly valuable resource remains in what we have termed **ELECTRO-METALLIC ARMATURES**, a mode of application of metals hitherto unpublished, although its first success is of ten years' date.

“ The electro-metallic armatures we have found most useful were also brass bracelets forming a galvanic pile by the addition on the inner or the outer side of a zinc plate of the same dimensions and so arranged that

either face of the bracelet could alternately be placed in contact with the skin. The two metals were merely stitched to each other, with two folds of some thick and permeable stuff, such as treble-milled cotton, or a piece of old cotton blanketing, one fold being enclosed between the metals, and the other so arranged as to touch the skin.

“ Before using these bracelets, they were steeped in acidulated water, and when the application was to last more than one or two hours, they were again soaked in the same liquid, in order to preserve, as we then supposed, their *electric power*.

“ Humid metallic applications, and *à fortiori*, those we have termed electro-metallic, although in fact they differ very little from the former, appear to us to correspond to peculiar indications, and to be applicable to those cases of chorea only, in which sensation and muscular action have undergone no other changes but those inherent in the disease itself. The electro-metallic medication is rather arduous in practice, because it is troublesome and requires constant watching; it has the further disadvantage of irritating the skin, on account of the acid, with which it is necessary to impregnate liberally the armatures, but, which experience will probably show, may be advantageously replaced by strong solutions of seasalt.

“ For these reasons, the method, in which it is desirable to leave nothing to chance, requires a careful previous inquiry into the effects of the new agents upon the choreic symptoms existing in one limb, with two bracelets or electro-metallic rings, the zinc plate of one and the brass plate of the other being placed in juxta-position with the skin. ”

What inferences may we draw from the conclusions of this memoir? One consequence, which never should be lost sight of in the appreciation of metallotherapy, is the essential principle by which the method is governed in all instances, viz. *that the successful adoption of any metal depends solely upon the idiosyncratic disposition of each patient*. Success cannot *à priori* be predicted. For each case fresh experiments are requisite, in order to ascertain the appropriate metal. When a single metal fails, the association of several is frequently efficacious; thus, when copper alone has been unsuccessful, the combination of two metals, zinc and copper, for instance brass, will be found to answer the physician's purpose.

Granted the principle of idiosyncrasy with respect to the choice of metals, it becomes almost unnecessary to explain why the method has excited the enthusiasm of some and the systematic hostility of others, and why able experimentalists, favourably inclined towards the

system, meet under our own eyes with disappointments of a discouraging nature. It is not, however, useless to dwell upon the true cause of these lamentable deceptions of hope, and to point out in the history of metallotherapy, the motives of the disfavour incurred at former periods by the method, and of the prejudice with which it still has to contend.

When, towards the close of the last century, Abbé Lenoble in France, and the Rev. Father Hell in Germany applied to the treatment of certain forms of neurosis their *artificial magnets*, that is to say batteries, rods, *armatures in steel*, *mineral magnetism* received the credit of the cures they performed. Eminent men, among whom we may mention Claridge, physician to the King of England, Weber, Ludwig, etc., patronized the discovery. But Mesmer appeared, who all but claimed it as his own, and became its ardent promoter, to that extent that in the minds as in the language of the public *mineral* and *animal* magnetism became blended into one. The greater number of physicians, fearing to commit themselves, declined all further connection with the armatures, from an apprehension of being supposed to be advocates of the mesmeric tubs. This was the first cause of the disrepute of metallotherapy.

The method had however effected undeniable and numerous cures. A committee appointed by the Royal Society of Medicine of Paris, and consisting of two eminent physicians, Audry and Thouret, declared that its members had themselves instituted experiments, and had found that nervous disorders of all kinds, such as toothache, face-ache, neuralgia, rheumatism, hysteria, epilepsy even, had been either cured or much relieved by the mere application of the magnet; a general reaction immediately took place; physicians vied with each other in applying iron to all cases of neuropathy; but the storm of disfavour again raged, because thousands of cases of failure of the magnet were brought forward. *Mineral magnetism* lost all credit, and the method became the object of universal scorn. Metallotherapy, thus identified with mineral magnetism, seemed to all intents and purposes utterly discomfited.



But besides detractors, the armatures had also faithful friends, a small band, it is true, but some of them eminent. While the vast majority of practitioners rejected the method with a violence proportionate to their anxiety to efface the recollection of having previously extolled it, men arose like Laennec, Alibert, Cayol, Récamier and Chomel, and at a later period Trousseau and Pidoux, who endeavoured to rescue artificial magnets from the unmerited discredit into which they had fallen.

What, we may ask, was the cause of this perseverance in praise on the one side, in absolute negation of the efficacy of the method on the other? How came it that approbation in one camp reached the limits of enthusiasm, and on the other that men, who ventured to say, we have cured, were branded as empirics and quacks?

The persevering fanatics were simply men who had the good fortune to meet always with idiosyncrasies to which iron was applicable.

The steadfast detractors were practitioners who had met with patients of an opposite constitutional predisposition, who would have been sensitive to copper or to some other metal; in such individuals the application of steel must of course have proved worthless, whether it was or not a magnet, mineral magnetism being unconnected with metallotherapy.

The lukewarm adherents, or the indifferent, were all those who for a time having always contemplated one side of the medal, were compelled by accident to look upon the other.

Now what has taken place for magnets, which for therapeutic purposes were identical with our STEEL *armatures*, will recur, if care be not taken, for COPPER. The impatient and unreflecting will say : “ Mr. Bouchut, and others have cured chorea with copper; but these practitioners have also failed in the same disease, with the same remedy; *ergo*, metallotherapy is worthless.” This is indeed a defective argument; but can we expect that thoughtlessness and impatience will take the trouble of testing different metals or various metallic combinations until the idiosyncrasy of the subject shall have been discovered? Our experience has now the sanction of time

and of many facts, and we may be believed when we assert that the metal, to which a patient is outwardly sensitive, will prove in general for that patient, whether he be suffering from chorea or any other neurosis, a remedial agent of unquestionable curative power.

Dr. BURQ.

## MEDICAL CORRESPONDENCE.

ART. 5698. LACTEAL SECRETION, A CAUSE OF POSSIBLE ERROR IN THE DIAGNOSIS OF PREGNANCY. — A woman aged forty-five, who had been two years and a half married, experienced, soon after her marriage, the usual symptoms of pregnancy with the exception of suppression of the catamenia. At the 18th week she felt sensations analogous to those caused by quickening, and she reached her full time, the abdomen being moderately distended, and the breasts, evidently enlarged, already yielded a supply of milk of the best augury for lactation. This unusual swelling of the breast, attended with undoubted secretion of milk, was the only indication of approaching parturition, no uterine pain or contraction having yet appeared. However, a sort of oscillatory motion from below upward, recurring every five minutes, arising at the pubic region and extending to the vicinity of the diaphragm, simulated to a certain extent the first labour pains, and justified the preparations made for a length of time for the reception of the much wished for child.

This expectation was frustrated, and the poor woman in her disappointment applied to me for advice. I examined her carefully, and acquired the certainty that no pregnancy existed. Now, for two years, the patient's singular condition has remained unchanged: the abdomen is still distended, and the hysterical motion from the hypogastric region to the diaphragm persists at the same intervals; the breasts continue to secrete a copious amount of milk. All the other functions are performed with perfect regularity, and this woman, who has not relinquished the hope of some day turning the baby-linen, prepared two years since, to profitable account, cheerfully pursues her laborious calling, the cultivation of the vine.

I related this case to Dr. Amiot who informed me that he had met in his practice with a somewhat analogous instance.

He was summoned in 1854 to the parish of Courtelaine to attend a woman in what was represented to be tedious parturition, and found the patient apparently in labour, with milk running from her breasts. The abdomen was very large, but the uterus was empty. The patient was left to nature, the distended abdomen soon collapsed, and in the course of six weeks the symptoms which had induced the supposition of pregnancy, disappeared altogether.

FAIVRE D'ESNANS, M. D.

*Beaume-les-Dames (Doubs).*

## SCIENTIFIC MISCELLANEA.

ART. 5699. HEMOPTYSIS; GOOD EFFECTS OF LARGE DOSES OF OPIUM. — Dr. Béhier, whose communication on the subject of subcutaneous injections we have published, at a meeting of the *Société médicale des Hôpitaux*, called the attention of his colleagues to the utility of large doses of opium for the purpose of checking certain forms of hemorrhage. Two consumptive patients, suffering from hemoptysis, had unavailingly taken perchloride of iron and rhatany. M. Béhier, bearing in mind several instances of the successful administration of opium in similar cases recorded by Dumas of Montpellier and Chomel, tried the effects of opium in gradually increasing doses from 4 to 7 grains daily. The hemorrhage was promptly checked, and moreover noticeable improvement occurred in the general condition of both patients.

These cases were reported in the *Gazette des Hôpitaux*, and have elicited from Dr. Bertulus, professor at the preparatory school of Marseilles, a letter replete with sagacious remarks on the exhibition of opium in hemorrhage.

“In cases of spontaneous hemorrhage”, says Mr. Bertulus, “the practitioner should in the first place ascertain if it is essential or symptomatic, synergetic or critical, to what cause it is due and whether that cause is simple or complex; for instance, if plethora be complicated or not by the presence of irritation or inflammation, or by adynamia and impoverishment of the blood. But in either case, be the hemorrhage active or passive, it is also necessary to discover whether it is not accompanied by *nervous erethism*, spasmodic action, intermittence or periodicity, by a peculiar mental state (ex. gr. nostalgia or hypochondriasis); indeed, numberless hemorrhages of the respiratory organs, of the stomach, the womb, etc., may be traced to powerful mental emotion, or to violent passions, such as anger, jealousy, terror, etc., and have been definitively cured by restoration of peace of mind only, and cessation of the determining cause!”

Entering upon the pathology of tubercular hemoptysis, Mr. Bertulus then demonstrates that to the congestive condition of the pulmonary parenchyma, which is always painful and arises from the presence of a foreign body in the tubercular deposit, is superadded, in consequence of that state and of imperfect nutrition, the *nervous erethism* alluded to above, always more or less observable in consumptive subjects, and which asserts its presence by sleeplessness, erratic pains in the limbs and visceral cavities, harassing erections in the male, and hysterical phenomena in the female sex. Taking this appreciation of causes as a starting point, Mr. Bertulus considers that the choice of the remedial agents applicable to tubercular hemoptysis can give rise to no doubt or hesitation. These remedies are counter-irritants, cinchona, and hemostatics almost invariably combined with proper doses of opium, belladonna, henbane or phellandrium. The tolerance of these remedies is always in direct proportion to the degree of erethism present in the subject. From  $2\frac{1}{2}$  to 3 gr.



of extract of opium have almost constantly been found sufficient by Mr. Bertulus to produce the desired effect. This practitioner frequently adds syrup of poppy and syrup of water-hemlock to cough mixtures which seem serviceable in cases of hemoptysis.

Mr. Bertulus then proceeds to say it is an unquestionable fact that if, in the incipient stage of pulmonary consumption, hemoptysis is connected with a hemorrhagic congestion, calling for venesection or leeches to the seat, it is likewise frequently combined with a nervous condition, for which opium is serviceable. All physicians are also aware that many instances of flooding are under the direct influence of the nervous system, and that, in such cases, the most powerful hemostatics are useless unless combined with narcotics. In hematuria with spasmodic action of the bladder, nephretic pains, and tenesmus, opium is equally beneficial; ergotine may then be associated advantageously with opium. But in order to exhibit safely this valuable remedial agent, two circumstances, which, it is important to ascertain by clinical research, must be taken into account, namely, the condition of the vital powers, and the presence of erethism or spasm; for if the nervous complication do not exist to the degree in which it was supposed to be present, not only may the opium be unavailing, but it may be absolutely injurious and bring on a suddenly fatal relapse or equally fatal adynamia.

ART. 5700. EPIDEMIC OF ACUTE DYSENTERY; EFFICACY OF THE SOLANÆ IN CHECKING TENESMUS.—During the year 1856, an epidemic of dysentery prevailed in France, in districts remote from each other, and has been the theme of several publications among which we notice a report of Dr. Gestin, naval surgeon, at Brest, and a thesis by Dr. Ansaloni, which has been reviewed in the *Bulletin de Thérapeutique*.

Dr. Gestin's paper is founded upon cases collected by the author in the district of Pont-Aven, in the arrondissement of Quimperlé. When it has appeared completely in the Belgian journal in which it is in course of publication, we will refer to it again; for the present we shall merely summarize Mr. Ansaloni's thesis.

The treatment recommended by this young practitioner has been adopted with much success by Dr. Fred. Leclerc, chief-physician of the hospital of Tours, during an epidemic which principally attacked the garrison of the town in July, August and September 1856. The treatment specially rests upon the indication of checking tenesmus, which is, in Mr. Leclerc's opinion, the prominent symptom of dysentery. "As soon," says Dr. Leclerc "as the virus of dysentery has been deposited above the sphincter, it violently irritates the nervous structures of the intestine. This is the starting point of the complaint, a fact proved by the rapid cure immediately consequent upon the removal of tenesmus, which may be effected by the use of the solanæ. According to this, to say the least, ingenious theory, the following is the medication instituted by the Tours physician :

A large quadrangular plaster of extract of stramonium or belladonna,

containing 1  $\frac{1}{2}$  oz. of either, and prepared in a water bath, is applied above the pubes, and is usually changed every day.

Like Mr. Bretonneau, Mr. Leclerc prescribes at the same time aperient medicines. In the early stage of the disease he exhibits twice a day 2 dr. of sulphate of soda, and soon proceeds to the administration of calomel in small doses, viz.  $\frac{1}{6}$  gr. morning and evening the first day, on the second  $\frac{1}{3}$  gr. morning and evening, and so on, increasing every day each dose  $\frac{1}{6}$  of a grain.

In the epidemic related by Mr. Ansaloni, one case alone required the exhibition of 6 gr. of calomel daily. The previous use of the solaneæ rendered it always unnecessary to give more than 3  $\frac{1}{4}$  gr. of the mercurial.

When the slimy motions tinged with blood are replaced by grass-green diarrhœa, the exhibition of calomel ceases, and morning and night the following pill is prescribed:

R. Argenti nitratis crystall. . . . .  $\frac{1}{6}$  gr.  
Extr. opii. . . . .  $\frac{1}{6}$  gr.

The dose of both ingredients is increased each day  $\frac{1}{6}$  gr., and it has always been unnecessary to exceed 2 gr. of nitrate of silver, in order, to restore the natural peristaltic action, and produce healthy evacuations.

Some cases, however, resist the exhibition of nitrate of silver; the diarrhœa may then be sometimes checked by the administration of artificial Eau de Bonnes (sulphurous water). On the first day the patient should take one ounce, on the second 9 drachms, adding one drachm each day up to the dose of 2, 2  $\frac{1}{2}$  or 3 ounces.

If this remedy prove unavailing, calomel should again be resorted to, a medicine which occasionally acts like a charm, and is so constantly efficacious that M. Leclerc considers it in the light of a specific.

In the case of intestinal ulceration causing puriform diarrhœa, the patients take each morning, with a glass syringe an enema, containing one-grain of calomel mixed with honey and diluted in 10 dr. of water. The next day, the following enema is prescribed instead of the former:

R. Argenti nitratis crystall. . . . . 1 gr.  
Laudan liq. Sydenham . . . . . 5 min.  
Aq. destill. . . . . 10 dr.

One drachm of extract of rhatany in a mixture will also be found highly beneficial in hemorrhagic dysentery; should it not succeed, three enemas at most should be given in the space of six days, consisting of:

R. Cinchonæ cordifol. . . . . 3 to 4 dr.  
Laudan. liq. Syd . . . . . 5 min.

diluted in a glassful of lukewarm water for each injection.

An ounce or two of bark wine are also most useful in restoring strength during convalescence.

As to diet, Mr. Leclerc considers it a grievous mistake to imagine rigorous abstinence necessary in the treatment of dysentery; the nutriment requires merely regulating and watching. The great utility of the pulp of raw meat in chronic diarrhœa is now an acknowledged fact.

To recapitulate, Mr. Ansaloni has observed in all the patients treated in the above manner, that the solanæ acted most powerfully to subdue tenesmus, in all stages of dysentery. It should however be remarked that this inconvenient symptom yields almost instantaneously to the salutary influence of these medicines, when the treatment is instituted during the first three days, and when once this has been effected, a speedy cure follows in a very short time. When dysentery has lasted a week, it is much more obstinate; but even then the solanæ are beneficial, and in no instance have they been productive of injurious effects.

## PRESCRIPTIONS AND FORMULAS.

ART. 5701. CHRONIC INFLAMMATION OF THE WOMB; MR. BECQUEREL'S TANNIN PREPARATIONS. — Besides the tannin cylinders (Vide Art. 5680), Mr. Becquerel also uses in chronic inflammation of the womb the same medicinal agent in the following forms :

1. Powdered tannin.

2. Solutions :

A. Acid. tannici. . . .	10 dr.
Aquæ. . . . .	3½ oz.
B. Acid. tannici. . . .	6 dr.
Aquæ. . . . .	3½ oz.

3. Pomade :

Acid. tannici. . . .	6 dr.
Adipis . . . . .	3½ oz.

These various preparations should be applied for twelve hours at least, on each occasion, and the application must be repeated from five to eight times, at intervals of about six days.

ART. 5702. INCONTINENCE OF URINE IN CHILDREN; GRIMAUD'S ELECTUARY. — In an interesting paper, published in the *Minutes of the meetings of the Medical Society of Toulouse*, on the medical condition of the agricultural colony of Mettray, Dr. Millet, substitute of the professor of the School of Medicine of Tours, indicates as a remedy, which he has personally found more efficacious than any other, for the incontinence of urine of young people, an electuary compounded by Mr. Grimaud, a dispensing chemist at Poitiers, for the treatment of chlorosis, chloro-anæmia, and leucorrhœa; the following is its composition :

R. Pulveris cinnamomi. . .	11 oz.
Ferri limaturæ . . . . .	32 oz.
Secal. cornuti . . . . .	4½ oz.
Sacchari. . . . .	} aa 32 oz.
Mellis. . . . .	

Misce.

The patient should take 16 gr. of this electuary morning and evening.



This preparation is of course applicable in cases of permanent incontinence only, connected with general debility, and not to *nocturnal* incontinence, which so speedily yields to belladonna, and is referrible to the contractility of the muscular coat of the bladder being awakened by the heat of the bed.

## ART. 5703.

## LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — The Academy devoted the greater part of its last meetings to the question of disinfectants.

Mr. Chevreul, a member of the committee appointed to examine the preparation of coal-tar and plaster, presented by Messrs. Corne and Demeaux, offered some remarks upon the neutralization of tastes and odours, and upon chemical neutrality in general. He defines chemical neutrality, *a state of combination of two bodies, such, that the compound product ceases to act as each ingredient previously did upon a third substance, called a test.* From this definition he deduces the following consequence that *chemical neutrality, ascertained by means of a test, is but a state of combination in which the mutual affinity of the united substances is greater than the affinity of each separate ingredient for a third substance called a test.* Applying the above principles to odours, Mr. Chevreul is of opinion that they may be destroyed by two methods, either by *neutralizing* them without any change of the chemical nature of the ingredients, or by *destroying* them, such destruction involving a change in their chemical composition.

After these general remarks the learned member adverted to the results obtained with Messrs. Corne and Demeaux's powder, upon three putrid fluids, emanating from the corpse of a cancerous subject, a cancerous womb, and a wound resulting from a surgical operation. From the experiments instituted, Mr. Chevreul concluded that Messrs. Corne and Demeaux's powder *mitigates* the odour of putrid matter, an effect due in some degree to the deodorizing power of coal-tar. This powder is not only a disinfectant, but is likewise calculated to *prevent* putrefaction, as it absorbs the liquids supplied by a wound, and places them in such circumstances that they are not liable to further change, as happens when they are merely absorbed by linen-cloths.

Mr. Velpeau confirmed Mr. Chevreul's assertions. The different varieties of pus, "said he," are inodorous at the time of their exsudation, and acquire their odour from exposure to air only. Once secreted, pus may undergo many changes: when it is creamy and homogeneous, its contact is not injurious to wounds, which even require it to go through their various stages; but when serous, rusty-coloured, or flaky, it is often so acrid as to irritate, eat into and erode the sores; when stagnant and in contact with air, upon heated and diseased surfaces, it may undergo chemical changes fatal to the patient, ammonia, sulphuric acid, etc. being evolved. Now, as an absorbent, Mr. Corne's powder will rid the wounds of the

puriform secretion, before fetid odours and the new hurtful combinations have become established. It is further evident that it not only prevents the effluvia, but utterly destroys them at once, no matter what may be their intensity. This mixture is therefore both an antiseptic and a disinfectant.

In answer to Mr. Bussy, who would have considered it but fair if, in his report on the subject, Mr. Velpeau had stated that many compounds long known, enjoyed analogous virtues, the learned surgeon acknowledged that since the introduction of the new remedial agent into his wards, he had made no comparative researches; but previously many experiments had been instituted with the chlorides of soda, of lime, of zinc, of tin; with nitrate of lead, hyposulphite of soda, charcoal, lime, creosote, etc., and that the new process is certainly far preferable to the others from its cheapness, innocuousness, and the ease with which it may be applied.

Mr. Dumas distinguished the important and felicitous application made of plaster moistened with coal-tar, from the scientific principles by which it may be explained. The eminent service rendered to surgery is doubtless deserving of an amount of gratitude quite independent of theories. If, however, it were demonstrated that the emanations from coal-tar ozonize the air, as in Mr. Schönbein's experiments was found to be the case with turpentine vapours, it would be unnecessary to seek elsewhere than in the rapid combustion of the effluvia by ozonized oxygen the mechanism of the deodorization of putrid animal matter. "It is, at all events," added Mr. Dumas, "but proper to remember, that tar and tar-oil were first recommended as disinfectants by Mr. Siret, a chemist at Meaux, and that since then coal-tar has been used in England for farming purposes, the disinfection of dead cattle, and that it has even been recommended as a means of disinfecting dead bodies on battle-fields.

Mr. Chevreul again addressed the Academy for the purpose of summarizing the action of disinfectants mixed with odoriferous matter, and adduced some facts in reference to the therapeutic use of tar. He said it was chiefly the Rt. Rev. Geo. Berkeley, D. D., Bishop of Cloyne, who called attention, in a work published in 1744, to tar-water. He was induced to notice this preparation from the fact that it was much used in the British colonies in cases of small-pox. He chiefly recommended it for morbid poisons, ulcers and scurvy, and considered it to be endowed with anti-putrid virtues.

— Among the many communications which have been forwarded to the Academy relative to Messrs. Corne and Demeaux's discovery, we may briefly notice the following, which have been transmitted to the commission entrusted with the inquiry into the subject, and which consists of Messrs. Chevreul, Velpeau and Jules Cloquet.

— Mr. Paulet, observing that more than twelve years ago Dr. Herpin of Metz recommended a disinfecting mixture of *plaster* and *charcoal*, inquired whether it would not be preferable to substitute the latter for coal-tar in the dressings of wounds. Mr. Paulet is also of opinion that the

oil now added to the compound paralyses at once two important actions: it delays the dissolution, always but too slow, of the sulphate of lime, which is destined to deprive the ammoniacal salt of its volatility, and renders almost illusory the absorption of morbid fluids by the sulphate of lime. The oil, interposing like a screen, prevents the dissolution of the calcareous sulphate, mere traces of which, barely discoverable by the chloride of barium test, can be detected in the water, which should dissolve it. On the other hand, the solidification of the plaster, and therefore the proof that it has absorbed the morbid secretions, is annulled by the same cause. The author closes his communication with some chemical suggestions on the impotency of plaster as a means of purification and permanent deodorization of cesspools.

— Mr. Marchal (de Calvi) calls attention to the disinfecting powers of iodine. The high price of this substance of course precludes its application to extensive sources of infection, but limited to the field of therapeutics, it possesses anti-putrid virtues unequalled by any other agent. Chlorine, it is true, is a real disinfectant; but although its action is energetic, it soon evaporates, leaving no residue to contend with future decomposition. It has more stability in the form of hypochlorites, but their use cannot be long persevered in, as they reduce the textures much in the same manner as alkaline caustics. Salts of lead, of zinc and mercury in large doses are anti-putrid, but setting aside their poisonous properties, they are either too astringent or too highly caustic. Charcoal absorbs putrid gases, but does not check decomposition. The same may be said of tarry substances, and of compounds of hydrogen and carbon generally, which do not obviate putridity.

The true antiseptic is the agent which prevents the production of putridity, and obviates its reappearance when it has already existed: such is iodine, according to Mr. Marchal. The form in which this surgeon uses it, is an iodized watery solution of iodine. It may be injected into the sinuses of unhealthy wounds, a procedure which cannot be adopted with a powder or a semi-solid product. The preparation being a fluid, may be used to saturate the dressings of wounds without uncovering their surface. In hospitals the iodine, evolved from dressings impregnated with the solution, would improve the atmosphere of the wards, and would prove an antidote to the effluvia caused by crowding. Moreover, iodine is not merely an antiseptic, but also an excellent means of detersion for wounds, and a valuable adjuvant to granulation and cicatrization. Mr. Marchal, therefore, expresses a hope that iodine will be tested comparatively with the other means proposed for the disinfection of wounds.

— Mr. Moride recommends the application of powdered Boghead coke to the preservation and disinfection of animal and vegetable matter. Boghead coke is a produce deriving its name from a small town in Scotland, where it is extensively worked. Without being either a lignite or a schist, it occupies an intermediate place between the two. From the distillation of Boghead coke from 40 to 60 per cent of volatile products are obtained,



among which we may note paraffin, with which candles are manufactured as fine as with wax or stearine, gas remarkable for its illuminating powers, benzine, tar, and finally a black porous residue extremely light and possessed in the highest degree of absorbing and deodorizing virtues. This peat is a compound of charcoal and silicate of alumina; it is slightly ferruginous, and the iron and alumina contribute with the carbon to induce it with its disinfecting virtue.

“With our Boghead coke powder,” says Mr. Moride, “we absorb, deodorize and reduce to a powder, urine, fecal matter and offal proceeding from slaughter-houses and tripe-shops, which may subsequently be conveyed in open carts, without the least danger, into the very heart of large cities. For several months, in our works at Charlebourg, near Courbevoie, we have solidified and disinfected many thousand hectolitres (1) of blood supplied by the slaughter-houses of Paris. They are subsequently exported to Brittany for the manufacture of phosphatic and azotized manures, which are much esteemed in trade and husbandry. The dosing of the Boghead peat and the process adopted are not matters of indifference. Thus, 100 kilogrammes (about 2 cwt.) of powdered peat absorb and perfectly deodorize a nearly equal quantity of coagulated blood, of thick fecal matter, but 20 per cent. less of serum, fluid blood, tripe-broth, etc. When fresh blood is used, and mixed with peat in the proportions strictly requisite to form a slightly humid mass, which is immediately desiccated by exposure to air and solar heat, the result is a powder without odour (of which the Academy may judge by the accompanying sample), enjoying the singular property of preserving in an undecomposed state blood or albumen, and when diluted with cold water, it may be substituted with advantage, by sugar-refiners, for the putrid and offensive blood usually employed for the clarification of syrups.

“When it is used, nothing peculiar is observed in the *rising*, clarification, and filtering, which are accomplished as satisfactorily as when other means have been resorted to. The refuse constitutes, like refining blacks, excellent manures, particularly if some phosphate of lime be added to it.

“By powdering the peat with the liver and entrails of fish, of dog-fish for instance, I have succeeded in obtaining gold-coloured oils of a taste and odour, which allow of their being applied to medicinal purposes. I have also endeavoured to use my powder for the purification of dissecting-rooms; but I acknowledge that the happy idea of applying it to the deodorization of wounds and pus did not occur to me. Since the meeting of the Academy of July 18th, I have instituted a series of experiments analogous to those of Messrs. Corne and Demeaux; from my researches it would appear that their powder, consisting of plaster and coal-tar, is 40 per cent. less powerful as an absorbent than Boghead peat powder. I therefore should be much gratified, if powdered peat and coal-tar mixed were tested comparatively with Mr. Corne’s powder, in hopes that the

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(1) The hectolitre is nearly equivalent to 22 imperial gallons.

compound I propose may be found also serviceable to public health, and perhaps even to therapeutics."

— A disinfectant which, according to Mr. Terreil, is inferior to none with regard to surgery, is the perchloride of iron. This agent, in a neutral and concentrated solution, not only coagulates albuminous fluids, whatever their nature, but also checks their putrefaction, and deodorizes them when they emit offensive effluvia. White of egg, blood and other liquids containing albumen have been preserved for several months without exhibiting any signs of decomposition, after being coagulated by this agent.

Perchloride of iron, although in general use in the hospitals as a hemostatic, has not yet, in Mr. Terreil's opinion, rendered all the services which may be expected from its use, because it always contains a large quantity of free acid, which, on the one hand, destroys the efficacy of the perchloride, and on the other, corrodes the textures it is placed in contact with. "It is therefore important," says the author, "to indicate the precise composition of a solution of perchloride of iron, which I have already had the honour of submitting to the Academy of Medicine, and which presents all the advantages which that preparation is capable of affording" :

Anhydrous and crystallized perchloride of iron.	4 dr. or 1 part.
Distilled water. . . . .	16 dr. or 4 parts.

" This solution, prepared for hemostatic purposes when used in the above state of concentration, or diluted with water, coagulates and deodorizes the puriform secretions of unhealthy wounds, and their cure may perhaps be expected from the persevering use of this medicinal agent prepared as I have indicated. "

We cannot better close the above series of communications than by publishing the letters, highly flattering to Messrs. Corne and Demeaux, which have been forwarded to the president of the Academy by his learned colleague, Marshal Vaillant:

Milan, August 3rd 1859.

" As soon as I was informed of Mr. Corne's splendid discovery, I hastened to communicate to Baron Larrey, head-physician of the Army of Italy, the paper containing the intelligence, requesting him to apply, with all due prudence, the new method, with a view to the relief of our wounded. I need not say how happy Mr. Larrey showed himself to comply with my request and to seize a fresh occasion of displaying his wish to be useful. By his orders, one thousand kilogrammes (1 ton) of the Corne remedy were prepared, and nothing remained but to put it to the test.

" Mr. Larrey being summoned to Genoa on service, the experiments were instituted by Mr. Cuvellier, physician in chief of our hospitals in Milan. I have the honour of enclosing a copy of the report which I have

just received from that zealous and learned physician ; as you will perceive, this report justifies hopes as to the efficacy of the remedy. I should add that, in his verbal communications, the doctor expressed these hopes much more warmly than he has done in his written report, and that he stated that in the entire world, twenty wounds so frightful and offensive could scarcely be met with as those which have been the subject of the recent experiments. ”

*Medical report upon the disinfectant powder of Messrs. Corne and Demeaux.*

Milan, Aug. 3rd 1859.

“ Among the Austrian wounded, who were treated at the San-Francisco hospital at Milan, twenty presented wounds of a most unhealthy character, exhaling an intolerable stench.

“ Agreeably to the instructions of Baron Larrey, the Corne dressing has been applied for three days by four French surgeons to these twenty men divided into four sections. As a disinfectant, the powder has produced unquestionable results : at each dressing the putrid condition of the wounds seemed to have improved, and their aspect was more favourable. The cases shall be taken down in detail by the four surgeons whose personal duty it is to dress the sores, and I myself visit the patients daily. The more satisfactory state of the other wounded has hitherto rendered unnecessary any further application of Mr. Corne’s disinfectant.

“ I shall have the honour, Mr. President, of communicating the further results of experiments commenced under such favourable auspices. ”

Another letter of a later date has been forwarded by Marshal Vaillant to the Academy, on the same subject. The following is a copy :

Head-quarters, Milan, August 16, 1859.

“ I requested permission to acquaint you with the result of the experiments instituted at Milan, with Messrs. Corne and Demeaux’s powder, upon the Austrian wounded lying in our hospitals. I am in receipt of the following, dated the 16th inst., from Dr. Cuveiller, whose first report I forwarded on the 3d of the present month :

“ Monsieur le Maréchal,

“ Agreeably to your orders and to the instructions left by Baron Larrey, the coal-tar powder has been used in the hospitals of Milan, in which had been admitted men suffering from wounds attended with mortification and hospital gangrene. The first applications of the remedy, either in powder or ointment, began on the 1st of August ; the immediate results were most favourable, and the disinfecting power of the agent was distinctly observed in more than twenty cases of wounds attended by several surgeons. It has moreover been ascertained that, under the influence of this dressing, and of nutritious diet, the wounds, at first merely deodorized, soon changed for the better, and their aspect



improved in a few days. The application of the disinfectant was not interrupted until the wounds, restored to their natural condition, became amenable to the influence of the agents usually adopted for the purpose of promoting cicatrization.

“ Twenty cases collected in the hospitals of Milan place the above conclusions beyond all doubt. ”

ACADEMY OF MEDICINE. — We related in our leading article the substance of the debate which took place at the Academy on the subject of olfactory and chemical disinfection. At its meeting of August 9th, the learned society examined the question in its bearings on public hygiene.

Mr. Renault has attempted the deodorization of human excrement with a mixture of clay and coal-tar. Clay has over plaster the advantage of being found in all places, and of being literally dirt cheap. The good results obtained by the director of the School of Alfort have induced him to recommend the use of clay instead of the sulphate of lime contained in Messrs. Corne and Demeaux's mixture. This proposition, seconded by Messrs. Desportes and Châtin, was objected to by Mr. Chevallier who fears that this substitution may prove injurious to the manuring properties of night-soil.

Mr. Ferrus, honorary inspector of prisons and of private asylums, merely preoccupied with the question of public health, and basing his opinion upon his long experience, stated that, in order to render large establishments and densely populated districts more salubrious, it was not the deodorization, but the prompt removal of night-soil, which was requisite. To attain this object, Mr. Ferrus was of opinion that the best as well as the simplest plan consists in collecting the fecal matter in tubs, which are removed daily and emptied as far as possible from all habitation. Aqueducts, even abundantly supplied with a powerful stream of water, can never be sufficiently swept. The soil forms deposits which crust the shafts, and the water runs over without removing them.

Mr. Chevallier expressed a hope that a question, which so nearly interests public health, would be formally laid before the section of hygiene.

## BIBLIOGRAPHY.

ART. 5704. — *Recherches expérimentales sur la nature des émanations marécageuses et sur les moyens d'empêcher leur formation et leur expansion dans l'air.* (Experimental researches on the nature of marshy effluvia and on the best means of preventing their formation and dissemination in the atmosphere) by E. Gigot, M. D., of Levroux (1).

*Considérations pratiques sur les maladies de la Guyane et des pays marécageux situés entre les tropiques.* — (Practical remarks on the diseases prevalent in Guyana and in marshy intertropical climates), by J. Laure, M. D., retired chief-physician of the Navy (2).

In the month of January last we reviewed Dr. Burdel's work on marsh-

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(1) A pamphlet, 8vo. — Labé.

(2) A pamphlet, 8vo. — Victor Masson.

fever. That gentleman, who has long resided in Sologne, is of opinion that the febrific agent, usually called paludal or marsh miasma, does not consist in organic matter floating in the atmosphere, but is a peculiar fluid emanating from the soil, where a special electro-chemical action is at work under the influence of solar heat.

Other observers, impressed with the impossibility of defining the precise nature of miasma, have sought in another direction for the explanation of the phenomena it is supposed to occasion. Thus, Mr. Foucault conceives the cause of intermitting fevers and cholera to be a defect in the proper balance between the magnetic power of the earth and atmospheric electricity. In the opinion of Dr. Pallas, chief physician in Algeria, the geographical constitution of marshes gives them the closest possible resemblance with the galvanic battery. Their influence upon the system is formidable in proportion to the amount of organic or saline matter dissolved in the water, which saturates the fens.

We must, however, acknowledge that the time-honoured belief in organic matter floating in the air above marshy regions, still obtains almost universal credence.

Dr. Gigot, whose practice chiefly lies in the districts of the Department of the Indre, where intermittent fever is endemically prevalent, has instituted an experimental inquiry into the causes of marsh miasma.

Although the physical constitution of fens differs, they have at least in common these two characters, that they actively promote vegetation, and are the recipients of endless organic reproduction and of incessant putrefaction. Is it not most probable that they disseminate in the atmosphere, together with abundant watery evaporation, a part of this vermin and of these residues? Mr. Gigot has endeavoured to confirm or at least to test this induction by direct experiment.

He considered it not impossible to collect the substance of paludal miasma, by causing the fenny emanations slowly to pass through pure sulphuric acid. The pamphlet before us contains a series of wood-cuts descriptive of the apparatus employed by the experimentalist, and of the corpuscles which were detected by the microscope in the acid, which had received the marshy effluvia. "The colourless acid", says the author, "which before the experiment presented to microscopic investigation no foreign body whatever, acquired even to the naked eye a more or less dark colour, proportionate to the amount and impurity of the air which had passed through it. This clearly was the required miasma.... In it, I detected some animalcula to all appearance entire and well preserved, and others seeming to belong to the family of tardigrades." Mr. Gigot then proceeds to show that these organic substances are the true causes of the disastrous symptoms of paludal poisoning.

"The water from marshes," says he, "used as a beverage, is liable to occasion these phenomena in man and in animals." Mr. Boudin relates in his *Essay on medical geography* a curious case in point:

"In July 1834, the weather being splendid, eight hundred healthy soldiers were embarked on three transports, at Bône, to be conveyed back to France. Of one hundred and twenty men who were placed on board the

Sardinian troop-ship *Argo*, thirteen died of malignant fever during the short passage home; and ninety-eight of the hundred and seven survivors were landed at the Lazaretto of Marseilles, presenting all the different types and shades of paludal fever. The two other transports reached France on the same day without having had on board a single case of illness. Four of the patients landed from the *Argo* died of pernicious fever, the others recovered, thanks to large doses of sulphate of quinine. From an inquest instituted by the military authorities, and in which we took an active part, it appeared that, before leaving Bône roads, several casks had, in the hurry of departure, been filled with water from a marsh, and were placed on board the *Argo* for the use of the soldiers, who all complained of the offensive smell and repulsive taste of the water. The crew, on the contrary, who had continued to use the pure water supplied by the victualling department of the Navy, all preserved their health. "

When sheep drink marshy water, they soon present the symptoms of the disease called hydroemia, watery cachexy or rot, a disorder of cattle due to a change of the blood corresponding to paludal poisoning in man. An able veterinary surgeon of Châteauroux, Mr. Fougere, cures confirmed rot by the exhibition of sulphate of quinine. Now, if this marsh water is filtered and purified, so that the microscope should cease to detect the presence of organic matter, it may, with perfect impunity, be given in any quantity to healthy sheep, a positive proof that the poisonous principle resided in the organic matter contained in the fluid.

Mr. Gigot points out the varieties of miasmatic poisoning resulting from differences of climate and soil. Thus, the inundations of the Nile produce the plague, cholera is endemic on the shores of the Ganges, and the yellow fever arises from the emanations of the Mississippi. In Europe epidemics of various sorts frequently follow the alternations of desiccation and overflowing of marshes. The working of stocked ponds is an apt illustration: periodic epidemics correspond in regular order of succession to the three seasons of filling, high water and draining. In the vicinity of the great pond of Inde, in the Department of La Meurthe, Dr. Ancelon has made the singular remark that the prevalent diseases assumed the first year a genuine intermittent, the second year a typhoid, and the third a carbuncular character. Something of the same sort is observed in the marshes of Lower-Normandy, around Carentan and Isigny, where the irregularities of drainage and the alternacies of inundations and desiccation of the salt-downs produce similar effects, though with some what less uniformity.

M. Gigot observed this fact in several marshy districts of the Department of Indre, where ague frequently alternates or coincides with typhoid fevers. In 1854 a village called Champenoise, in the parish of Issoudun was decimated by cholera and typhoid fever, and almost all the inhabitants, who escaped one or the other, were affected with intermittent fever.

The best remedy for the effects of marsh miasma, according to the author, is to obviate the stagnation of waters. The solution of the entire problem lies in this sentence. Desiccation can be beneficial but if drainage is complete; or the soil, preserving its moisture and being liable to sub-



mersion or saturation with water at certain periods of the year, must become a more disastrous source of evaporation than it was before desiccation. Many meadows are for this reason morbid agents, which it is important to neutralize, and drainage is the most efficacious remedy for the unhealthiness occasioned by the humidity of the soil. Thick plantations of trees and shrubs around stagnant pools or bogs are also excellent obstacles to the diffusion of miasmata. The clearing of damp moors is beneficial to public health, but the land should be subsequently timbered, if the drainage is not perfect.

Such are the conclusions of Mr. Gigot's memoir. We think it will not be found uninteresting to compare with the views of this practitioner, a resident of one of our inland provinces, the *opinions* of Mr. Laure, on the *diseases prevalent in Guyana and in intertropical climates*. This work, written more from a medical point of view, and in the interest of public health, in a climate differing so widely from ours, affords some rather striking coincidences of estimation.

"Guyana is an alluvial soil, in which vegetation derives its energy from heat and moisture. The organic residues, exposed by the retrocession of the waters, fill the atmosphere with putrid effluvia; here, therefore, the generating elements of paludal miasma, meet in the most energetic cooperation." Guyana, adds Mr. Laure, escapes, it is true, yellow fever, but presents, in the highest degree of combination, all the known types of miasmatic poisoning. Everywhere, fevers compensate sadly the power and beauty of the vegetation in which they originate. This accounts for the malignity of the symptoms observed on the shores of rivers and in low situations. The cause is assuredly not to be sought for in the temperature, which seldom rises above 28° in the shade; neither is it to be found in the humidity of the climate, the rainy season usually being concomitant with mild fevers only. The sole origin of malignant disease is miasma emanating from vegetable organic decomposition.

The assertion is here absolute, and Mr. Laure adheres to it throughout the entire course of his remarks.

"Miasmatic poisoning," says he, "acts suddenly in a short space of time or slowly, hence malignant fever, simple fever, or cachexia."

"1. Miasma absorbed in large quantities or in a concentrated state, acts with immense power, indeed, as it has been stated, with the suddenness of lightning.

"2. When absorbed in smaller quantities, it causes intermittent fever.

"3. The chronic period of marsh poisoning is marked by chloro-anæmia, diarrhoea, visceral obstructions, dropsy, emaciation and cachexia."

The different types of fever constitute for the author merely accidental forms of one disease, but in Guyana, as elsewhere, it is in paludal fever that the efficacy of medicinal agents is most clearly manifest.

"When the miasma has remained but a short time in contact with the system, a paroxysm may be checked by diaphoresis.... Antiphlogistics fail in paludal disease: blood-letting prevents reaction and protracts convalescence indefinitely... Whenever poisonous matter has penetrated

into the stomach, emetics are always resorted to, an indication which it equally obtains in paludal poisoning; in the Spanish colonies aperients are almost the only medicine used... purgatives are also a rational mode of treatment. They remove from the digestive organs putrid matter, which always adheres to excrementitious residue. They purify without impoverishing the blood, which it is desirable not to waste, and in this respect are the form of blood-letting most applicable to warm climates...." Mr. Laure prescribes at first an emetic, an aperient or both combined. He thus prepares the system for the reception of the preeminently efficacious remedy for miasmatic fever, cinchona, which no succedaneum can replace with advantage. The safest preparation is a solution of quinine in an excess of acid, in a mixture or in enemas, the medicine exhibited in pills not yielding results equally satisfactory. Eight grain doses, taken within a short space of time, are the most rapidly successful, and the quantity may be reduced the following days. When quinine fails, the decoction of bark, with quinine, ether and laudanum can be resorted to with confidence.

Paludal infection gradually induces a deterioration of the nervous system and a corruption of the blood, which soon affect the constitution generally, and establish paludal cachexia: "We have seen," says Mr. Laure, "this cachexia terminate in gangrenous stomatitis, particularly among the convicts..."

The author acknowledges no antagonism between marsh fever and tubercular consumption. Paludal poisoning promotes phthisis not under the equator only, but likewise in Algeria, in the Campagna di Roma and in France in the provinces of Saintonge and La Bresse. After marsh fever, no disease is more common in Guyana than tuberculosis.

Hepatitis, on the contrary, is but seldom met with, but dysentery is permanent; it would be impossible for the greater number of those who suffer from it to assign to the disease any determinate cause, but they all come from rural districts with intermittent fever, and dysentery must therefore be considered as one more form of paludal poisoning. Dry colic, caused by effluvia of a vegetable origin, is exclusively observed in marshy intertropical climes, and belongs to paludal endemics. Vegetable miasma gradually produces effects analogous to those of the absorption of metallic substances in a molecular condition.

It may be seen that Mr. Laure estimates all or almost all the diseases prevalent in Guyana from the leading idea of miasmatic poisoning. We do not presume to decide in a matter, which many judicious intellects consider arduous and complicated; but if, on the one hand, we cannot conscientiously express entire satisfaction with the tangible explanation supplied by the learned author, of the origin and nature of the diseases he has observed, we are tempted, on the other, to admit his hypothesis when we place it in juxtaposition with the facts and experiments recorded in Mr. Gigot's memoir.

## ART. 5705.

### MISCELLANEA.

Circumstantial reports now pour in from all directions on the events of the war in Italy and claim the special attention of the medical corporation. Political matters, which at first were naturally paramount in the public mind, now share its notice with details of scientific and professional interest.

In this respect, the communications relating to the great events of June are invested with all the attraction of novelty, when they emanate from military surgeons, whether French or Austrian. We borrow from the *Wiener Wochenschrift* the following passages of a letter written from Verona by a medical officer in the Austrian service :

“ Since the battle of Solferino, which was fought on June 24th, the time of the surgeons of the army has been most fully occupied : when the wounded are counted by thousands, the surgeons, who are not over-numerous, are engaged day and night, particularly as many great operations have to be performed.

“ From June 25th to this day July 2d, wounded men have been uninterruptedly brought in, and as there was no room for them all in the hospitals, it was necessary to establish them as comfortably as scanty resources would allow in court-yards and galleries, and to dismiss them as soon as their wounds were dressed. Thus daily trains left Verona either for the hospitals of the German Provinces or for the plain, in order to carry out Dr. Kraus's system of *dissemination*, destined to prevent the over-crowding of invalids in cities, and promote at the same time their cure by removing them from the injurious influence of the atmosphere of hospitals. Six days have now elapsed since the battle, and my head still aches as if it contained an entire army. In their endeavour to destroy each other, men really become savages, and when the French newspaper-correspondents compare the Turcos to wild cats, who spring upon, bite and lacerate their prey, they are not aware how accurate is the description, for among our wounded we have many cases of bites in the fore-arms and neck.

“ It is utterly idle to attempt an adequate description of the battle of Solferino. Imagine 400 thousand men, occupying a comparatively limited space and meeting for the purpose of reciprocal destruction ; to complete the picture and give some idea of this bath of blood, add the exterminating action of above 500 guns. Fancy at the same time the rattle of a few hundred thousand muskets, the booming of 500 pieces of ordnance, the shouts of the assailants, the clang of military bands, drums in thousands, and in the midst of all, the groans and screams of the wounded, and you will form but a faint idea of the battle fought on the shores of the Mincio. At 5 P. M., when the fury of battle was at its highest pitch, a thunder-storm arose and for a while stopped the battle, which soon however raged anew with more desperate and grander fierceness than before.

“ From June 25th up to this day, upwards of 8000 wounded have been sent on to Verona, where the first dressings were applied : our duty was most harassing, but it is accomplished. Even yesterday patients were still lying in court-yards and in gateways ; all were attended to, and the immense activity displayed by the medical staff of the Army reflects the highest credit on the institution.

“ I trust that the day is not far off, when the condition of the military surgeon may be somewhat ameliorated. Rumours are current of the appointment of four surgeons-general, one for each *corps d'armée*; the number of full surgeons is also to be increased, and the situation of assistant surgeons to be improved; they would hold a rank corresponding to that of lieutenants, and M. D.s would at once be appointed to regiments with the rank of major. The chief of the medical staff would hold the rank of field-marshal.”

— The *Gazette médicale de l'Algérie* has likewise published letters from a



French Army-surgeon. We extract the following remarks suggested by cases observed at the hospital of Alexandria :

" Amongst the interesting cases of gun-shot wounds, which were admitted into this institution," says Dr Bertherand, " I may more especially notice two instances of bullets imbedded in the frontal bone, with fracture of the internal plate and laceration of the dura mater. The conical shape of the projectiles increases the difficulty of their extraction, because the foreign body, penetrating at first with its pointed extremity foremost, subsequently changes its direction, in consequence of the resistance of the parts it meets with. It not unfrequently happens, in virtue of this displacement which I intend, on another occasion, to remark upon, that the bullet, instead of presenting one of its extremities to the operator, is merely seen in a portion of its circumference. In other wounds, the dimensions of the surface of the ball, which the surgeon has to work upon are out of proportion with the diameter of the external wound. Hence the necessity of using the lever or spatula to displace the ball, seize it, and even change its shape in order that it may become removable, procedures which demand much time and dexterity. In one of the cases referred to, the lead was almost laminated ; both terminated fatally in twenty-four hours.

" Colonel de L.... was wounded in the right hand by a shot which, striking the external aspect of the metacarpo-phalangeal joint of the index, ran along the palmar face of the four fingers as far as the ulnar edge of the hand. Despite the fracture of two phalanges and of the head of the second metacarpal bone, the wound, treated by uninterrupted irrigation of cold water is progressing favourably, and we have reason to hope that the wound of Colonel, now General de L..., will not require amputation. R., a private in the Grenadier company of the 98th Regt., was shot through the left leg, the ball striking the limb two inches below and on the outer side of the knee. The fibula alone had been fractured : the wound, which at first seemed unimportant, has however assumed a most serious character. After four days, the limb had doubled in size ; the skin was cold, strained, insensible, its colour became livid, with here and there purple patches, and it emitted the odour peculiar to such injuries. These ominous appearances might be referred either to deep-seated extravasation of blood, or to pressure of the fascia upon the inflamed textures. Messrs. Méry and Larrey agreed with me in the propriety of performing two deep lateral incisions, prescribing frictions with belladonna, and keeping the leg as much raised as possible. This treatment has however proved unavailing, and amputation of the leg is obviously our only remaining chance of saving the patient ; we may perhaps have cause to regret not having resorted, at the outset, to the ancient and perhaps too exclusively discarded method of early, bold incisions in a region so abundantly supplied with blood-vessels, muscles and aponeurotic textures.

— The study of *dynamoscopy* or the auscultation of the sounds attendant upon muscular contraction supplies us with one sign more, which will be found serviceable in the discrimination of apparent from real death. The cessation of the pulsation of the heart is no longer, says the *Répertoire de Pharmacie*, the absolute sign by which life may be positively ascertained to have departed for ever. The vital murmur, discoverable by the use of a peculiar instrument, the dynamoscope, persists in the muscles from 10 to 15 hours after the heart has ceased to beat or the lungs to

breathe. This sound disappears at first at the points of the fingers and toes, and gradually in the limbs, lingering somewhat longer in the abdomen, chest and head (except in cases of apoplexy), and ceases ultimately in the region of the heart. In local death a similar law is observed, the vital murmur being extinct at first in the extremities of amputated limbs and persisting somewhat longer in their more central parts.

In apparent death, or in lethargy, the murmur is always present, a fact of which Dr. Collongues records many instances, and he considers its absence as the positive proof of death. He concludes, therefore, from his researches, that the establishment of temporary dead-houses is unnecessary, and that it will henceforward be sufficient to supply with dynamoscopes the physicians entrusted with the duty of the examination and registration of the dead.

— By decree of August 11, 1859, agreeably to the report of Mr. Rouland, minister of Public Instruction, the Emperor has instituted a prize (value 800 l.), to be distributed every second year by the Institute, at the public general meeting of the five Academies. The prize shall be awarded, in turns, to some work or discovery alternately in letters, sciences and arts, which the united votes of all the Academies may deem worthy of this distinction. It will replace the prize created by decree of April 14, 1856, which was to be awarded every third year, and shall be for the first time adjudged on 15 August, 1860, to the authors of literary works published within the last six years.

— The following nominations have taken place in the order of the Legion of Honour: *Grand officer*, Mr. Flourens; *Commanders*: Messrs. Velpeau and Larrey; *Officers*: Messrs. Devergie, Vernois, Desmarres.

— Our countryman Dr. Campbell, formerly interne at the Maternité, has been appointed a knight of the Legion of Honour.

— The *Société de Médecine* of Marseilles has instituted a prize, consisting of a gold medal of the value of 12 l., for the best paper, hitherto unpublished, on the following subject:

*Examine the action of anæsthetics in the production of death, and the precautions which may render inhalation safe; indicate the best means to counteract its dangerous effects.*

The memoirs in French or Latin to be forwarded before July 31, 1860.

Candidates shall not disclose their names, and shall forward their papers, in the usual academical form, to Mr. Roux Jun., the Secretary, 13, Allée des Capucines, Marseilles.

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For the articles not signed: H. CHAILLOU.

Chief Editor.

## ART. 5706.

*Intermittent fever; quinic ether.—Exhibition of ourari in tetanus. — Deodorization of wounds; vegetable charcoal.—Amputation in the elbow-joint consequent on a gun-shot wound.*

The extra-medical world has, in consequence of the article of a learned critic, Mr. Figuier, been for some time occupied with a new anti-febrile agent, which has been brought into notice in France by the patronage of the *Strasburg Medical Gazette*. Every one has heard the inhalations of quinic ether extolled for the treatment of intermittent fever. All medical practitioners have been repeatedly questioned on the subject. And if indeed this agent really has the value claimed for it by its inventors, there is not a patient, but would prefer to the repugnant ingestion of preparations of cinchona, inhalations at once agreeable, prompt and salutary. We will first state in what the proposed method consists, and secondly consider the judgment to be formed on the subject.

“*Quinic or kinic ether*,” says Mr. Eissen in the above mentioned journal, “was discovered by Mr. Manetti and experimented on by Mr. Pignacca at Milan. It is a perfectly colourless fluid of an agreeable odour, and less volatile than sulphuric ether. It is obtained by distillation of quinate of lime (which is formed during the preparation of the sulphate of quinine), with sulphuric acid and alcohol of 1,184 sp. gr. in the proportions of one pound of quinate of lime, to the same quantity of sulphuric acid and 44 ounces of alcohol. The alcohol and acid are mixed slowly, in order that the liquids may not acquire too high a temperature; the quinate of lime is then placed in a tubulated retort, large enough to contain a little more than double the entire mixture. The mixed liquids are then added, the whole is carefully stirred and the quinate of lime thoroughly impregnated; distillation should then be proceeded with over a gentle fire, the retort being placed in a sand-bath, until 20 ounces of liquid have passed into



the recipient. This fluid must be distilled a second time through chloride of lime, in order to render it anhydrous.

Drs. Groh and Wurzian, surgeons in the Austrian army, instituted further experiments on the specific medication with this substance in 1853, at the military hospital of Santo-Ambrosio of Milan. They selected for the purpose six patients affected with intermittent fever, on whom no remedy had been tried, and a seventh, who had been treated by compound tincture of cinchona, but without any permanent success.

The quantity intended for inhalation (15 to 45 gr.) was poured on a compress folded in the shape of a screw-bag and arranged so as to cover the mouth and nose; the patient was then ordered to take deep inhalations. In general, the experiment was instituted during rigor only, and for some more severe cases, it was repeated at short intervals, and always with the same dose, some time before the paroxysm.

If inhalations were made during apyrexia, no particular symptom was noticeable, save a slight quickening of the pulse and of respiration; the patients experienced agreeable sensations and felt no inclination to cough or any other unpleasant effects. If, on the contrary, the inhalations were made in an early stage of the period of rigor, they immediately induced a certain feeling of comfort. With the exception of one, all the patients immediately asserted that the chill decreased and the paroxysm was found to diminish greatly both in duration and intensity, and it was even ascertained that the enlargement of the spleen was reduced in all those in whom it existed. Six cases out of the seven observed at Milan ended in a prompt and complete cure, and even in the 7th, in which failure was ascribed to the insufficiency of the dose and to the imperfection of the inhalation during apyrexia, the beneficial influence of the method resorted to could not be mistaken. Dr. Groh, who has retired from the army, has since had occasion to adopt this treatment at the hospital of Olmütz and in his private practice, and always with remarkable success.

Mr. Eissen subsequently supplies us with a conscientious translation of the seven cases of intermittent fever

recorded at Milan, and which, compared with those of Professor Groh, appear to him to justify a continuance of the experiments and even to court further investigation into the action of quinic ether in all fevers, in which cinchona is exhibited as a remedy.

It may be regretted, adds he, that hitherto the chemical nature of the substance, to which we refer, has not been determined with desirable precision. This is a problem, which yet remains to be solved, and it will also be necessary to inquire whether the product is always identical.

Indeed, nothing is more uncertain than the presence of the quinic element in this substance. Dr. Debout requested Mr. Paget, director of the laboratory of the Central pharmacy of the dispensing chemists, to prepare for him some quinic ether. Now we are informed by the *Bulletin de thérapeutique* of the utter inability of this skilful chemist to detect in the product obtained, from Mr. Eissen's data, the least trace of quinic acid. Mr. Berthé asserts, on the other hand, in the *Moniteur des Sciences médicales*, that this compound is not quinic ether, but a complex substance which, with the sole elements of information we at present possess, it is absolutely impossible to prepare in a form always identical. We would by no means be understood to say that a quinic ether does not exist. Messrs. Hesse and Clémen have given its formula; but it is obvious that this ether, a viscous liquid, which is not volatile, is possessed of an aromatic odour, an extraordinarily bitter taste, and liquefies completely at 122° (Fahrenheit), is but remotely connected with what Mr. Eissen denominates quinic acid. The cases related by this gentleman still remain to be explained; but they terminated favourably, and that is the main point; Mr. Bonnafont has recorded in the *Union médicale* 15 cases of intermittent fever, exclusively treated by inhalations of chloroform or of sulphuric ether, and all his patients are stated to have recovered. Hence there is reason to attribute to the somewhat anæsthetic properties of the alleged quinic ether, the results described in Mr. Eissen's paper. Now, these virtues are not constant enough or of sufficiently certain application, to serve as a basis for a general method of antiperiodic treatment; the new product cannot therefore,



at least as yet, affect the supremacy of preparations of cinchona and of quinine.

— A few years since, *ourari* was known but by the marvellous accounts given of its use among the Indians. It served to poison their arrows, and when one of these penetrated beneath the epiderm of man or beast, the victim was instantaneously stricken down. Mr. Claude Bernard and several other eminent experimentalists have established the active properties of this poison. But while they acknowledge that its action paralyses the nervous motive system, they consider *ourari* as a poisonous substance which, for its energy, may be compared to strychnia, but is scarcely equal in this respect to prussic acid, and that, consequently, there is no reason to exclude it from the *materia medica*.

Now, if we may credit a communication recently made to the Academy of Sciences by Mr. Claude Bernard himself, in the name of Dr. Vella of Turin, the preceding conclusions may lead to un hoped for therapeutic applications in the treatment of traumatic tetanus. Setting out from the principle, that *ourari* exercises on the motive nervous system a special action diametrically opposite to that of strychnia, and that the toxic effects of the two substances may be neutralized by each other in animals, Mr. Vella repeated the experiment on individuals affected with tetanus. His position, as surgeon of a division of the wounded at the French military hospital of Turin, afforded him several opportunities of doing so, and the following is a case of great interest that the learned professor of the College of France communicated to his colleagues of the Institute.

A sergeant of the 41st regiment, wounded at Magenta on 4th June, was admitted into hospital the 10th of the same month; his wound was an incomplete fracture of the first metatarsal bone, attended with laceration of the tendons and of the surrounding soft parts. The ball had remained in the wound; on the 13th, it was removed to the patient's great relief, and the 14th he was so well that he was allowed to take two thirds of the full diet. But on the 15th, a little stiffness in the neck was complained of, with difficulty in the movements of the jaw



and transient convulsions. The 17th, the constriction noticed the preceding day had increased. On the 18th tetanus was general. After having incised the wound, Mr. Vella decided on sprinkling it with a solution of  $1\frac{1}{4}$  gr. ourari in 10 dr. water; the dose was subsequently raised progressively from 2 gr. to 15 gr. in  $2\frac{3}{4}$  oz. water. Three quarters of an hour after the first dressing, the symptoms had disappeared, and the patient was enabled to sit up in his bed. But they returned shortly after, beginning in the wounded leg. The dressing was renewed, and within half an hour or three quarters, calm was again restored. These alternations were observable the following days; the same means were resorted to, and each time, were immediately followed by muscular relaxation. But it was requisite, as the case progressed, to extend the field of absorption, and with this view Mr. Vella had recourse to two successive applications of temporary blisters on the internal aspect of the thighs. On the 10th July, the patient for the first time left his bed, without experiencing any convulsive shock, and some days later, a complete cure was effected, and he prepared to return to France.

In the discussion which arose out of the communication of this fact, Mr. Velpeau expressed his doubts on the scientific value of the case. The connection between the relief of the tetanic symptoms and the successive applications of ourari, did not appear to him demonstrated. Might not the case observed by Mr. Vella, said the illustrious surgeon, be one of those instances of spontaneous and exceptional cure, which have brought into vogue various remedies, already extolled for the treatment of tetanus? A single case in therapeutics is ever inconclusive, and as that recorded by Mr. Vella appeared to him surrounded by various causes of error, Mr. Velpeau deemed it judicious to await confirmation before pronouncing any judgment, especially on an agent so dangerous as ourari.

Mr. Claude Bernard hastened to dispel Mr. Velpeau's apprehensions relative to the toxic action of ourari. This substance, said he, is not more to be feared than strychnia or atropia; reserve is requisite in its use, and its physiological effects must be watched. Its efficacy in the case recorded by Mr. Vella is evident. The tetanus was most

confirmed; the intermittence of the paroxysms, which appears suspicious to Mr. Velpeau and induces him to consider the case as unimportant, is, in Mr. Bernard's estimation, but the direct result of the exhibition of the ourari, and is not referrible to a particular form of the disease. Each application of the remedial agent caused a cessation of the tetanic state, which long continued to reappear, as soon as the action of this substance was exhausted. By modifying the functional state of the nerves of motion, ourari allayed the tetanic muscular rigidity, consequent on a wound, absolutely as it calms tetanic muscular rigidity due to the action of strychnia.

Messrs. Serre, Cloquet, Rayer, and Jobert de Lamballe completely adopted Mr. Claude Bernard's opinion, basing their judgment on the consideration that tetanus is scarcely ever cured, that the case observed by Mr. Vella is sufficiently conclusive, and that, in presence of a disease almost invariably fatal, the use of ourari should not cause more apprehension than the prudent exhibition of preparations of morphia, hydrocyanic acid, etc. "Although this is a solitary case," said Mr. Jobert, "it is so powerfully supported by Mr. Bernard's physiological experiments, and it speaks so forcibly, that the use of ourari cannot be too strongly recommended in the grave and difficult circumstances referred to." We do not doubt that a great number of practitioners, answering this appeal, will enter the path so boldly traced out by Mr. Vella; we shall acquaint our readers with the results they may obtain; and Heaven grant that new cases may soon permit us fearlessly to record among the conquests of medicine the energetic agent, which our fellow practitioner of Turin has, to all appearance, used with success.

— The Academy of Medicine, as might have been expected, has received various further communications on deodorizing substances. We remarked among others a short paper, in which Mr. Burdel of Vierzon announces that, after having ascertained, in some early experiments, the beneficial effects of Corne and Demeaux's mixture, he tried other preparations, and has found that a disinfecting action may be obtained by means of any absorbing powder



united in proper proportions with empyreumatic oil. The mixture which seemed to Mr. Burdel to possess the most completely the requisite qualities, is that of marl and vegetable tar.

We add, without pretending to disparage Messrs. Corne and Demeaux's product, that in surgical practice pulverized vegetable charcoal may perhaps be used with equal advantage and greater facility.

In a recent visit to Hospital Cochin, we were enabled to ascertain, in a patient attacked with ulcerated cancer of the breast, the excellent effects of a carboniferous lint, invented long since by Messrs. Malapert and Pichot, of Poitiers. Mr. Dolbeau, who supplies the place of Mr. Gosselin, told us in showing us this patient that, on her admission, the wound emitted so powerful a stench that the entire ward was infected by it, and that she suffered so much herself from this circumstance, that she had entirely lost her appetite. In these conditions, Messrs. Malapert and Pichot's carboniferous lint was resorted to, and from the very first dressing the offensive odour totally disappeared. This result is not however astonishing. Vegetable charcoal, like all porous bodies, absorbs gases, and in particular those most soluble in water, such as ammonia, hydrosulphuric acid, etc., i. e. those which are generated precisely during the putrefaction of azotized substances. Acquainted with this property, Messrs. Malapert and Pichot prepared a carboniferous lint for direct application to wounds, or preferably bags containing from 3 to 4 dr. of disinfecting matter. No simpler, no more efficacious dressing can be imagined.

— Among the communications made to the *Société de chirurgie*, one is dated so far back as the 3rd August, and its interest is explained by the position of the patient concerned. It refers to the melancholy accident, which occurred to one of the most esteemed and most eminent of our lyric artists, Mr. Roger, who, in getting over a hedge, imprudently seized his gun by the extremity of the barrel; the charge exploded and shattered his fore-arm, and the amputated limb was presented to the Surgical Society by Mr. Huguier.



The skin and muscles were completely destroyed in almost the entire of the anterior region ; the three principal nerves and the ulnar artery were lacerated ; the ulna was fractured in two places, and presented three movable fragments ; the radius was also broken in one point of its shaft. At the back, the skin was perforated by small shot, the greater part of which had remained in the flesh. In presence of these injuries, Messrs. Huguier and Laborie, jointly summoned to the patient, saw with regret the impossibility of preserving the limb and the necessity for immediate amputation. As to the spot to be selected for the operation, Mr. Huguier for a moment entertained the idea of removing the arm, but amputation in the elbow-joint being rather less dangerous and affording more facility for the subsequent application of an artificial limb, he decided in favour of disarticulation. He dissected two flaps, one at the back and outwardly, the other at the front and on the inner side, in order to avoid the denudation inseparable from the exposure of the olecranon, which he divided with one cut of the saw and left in its place, thus preserving the lower insertion of the triceps and the bursa which imparts mobility to the skin. The operation was borne with much fortitude, and was followed by no serious accident, although the flaps contained small-shot, which suppuration detached or which had to be subsequently extracted with a forceps.

After having thus stated the scientific details of this sad event, Mr. Huguier expatiated, in general terms, on the gravity of wounds produced by shot fired from a short distance and penetrating into the tissues. Small-shot consists of many projectiles, each of which acts separately in the manner of a bullet, and numerous injuries are produced, the sum of which is superior to the circumscribed lesion produced by a ball. Indeed, in the latter case a forearm, traversed by a single projectile of a certain calibre may still be saved ; whereas in the former, amputation is unavoidable. This opinion of the surgeon of Hospital Beaujon, which Mr. Boinet alone attempted to confute, was shared by all the members present, with regard to Mr. Roger's accident, and as Mr. Morel-Lavallée observed, the arm of the eminent artist had been so extensively shat-

tered and destroyed, that the sacrifice of the limb was indispensable to the preservation of life.

## ART. 5707.

## HOSPITAL SAINTE-EUGÉNIE.

(Mr. Bouchut's clinical conferences.)

*Pelvic abscess in childhood. — Extraction of a needle long retained in the digestive organs; chronic enteritis. — Nervous paraplegia instantaneously removed by powerful emotion.*

Pelvic abscess is represented as a disease of unusual occurrence in childhood; of late however, cases of this description have appeared in Mr. Bouchut's wards, in numbers sufficient to invalidate, in some degree, the assertion. Within a period of two months, we have noticed in this hospital, three instances of the malady, two of which were simultaneously under observation; towards these Mr. Bouchut chiefly directed the attention of his hearers.

A girl, eleven years old, who generally enjoyed good health, complained, five days before her admission into hospital, of a general sense of lassitude, of loss of appetite, followed by nausea, vomiting, diarrhoea, abdominal pain, together with sleeplessness and fever. When first examined, the abdomen was found to be tender on pressure in the right side, but without borborygms, and to the other signs were superadded cough and a sibilous rhonchus, the combination of symptoms appearing to indicate a mild typhoid attack, analogous to those prevalent at the time. Poultices, diluent drinks and baths were prescribed; the pain yielded at first, but soon returned in the right iliac fossa, palpation being unable to detect the presence of any tumour in that region. Retention of urine was also observed, requiring the insertion of the catheter, and was referred to the adynamic condition of the child; not a single rose-coloured papula was however discovered upon any part of the skin. The predominance of the iliac pain in-

duced Mr. Bouchut to resort to the sedative action of Mr. Burq's brass armatures, and the sufferings of the patient, previously so great as to elicit screams which interfered with the repose of the other inmates of the ward, were almost instantaneously subdued. This circumstance seemed to indicate that the metallic application had performed wonders, an erroneous impression which was but too speedily dispelled, the inspection of the loose motions supplying the true explanation of a change due to an entirely different, but highly interesting agency. The dejections, usually brown, became light-coloured, and in hue and consistency analogous to syrup of orgeat : in fact, they entirely consisted of puriform matter. Some of the discharge was poured into a test glass, and on the addition of a small quantity of concentrated ammonia, a soapy substance was produced, which, beaten up in water, acquired a ropy and oleaginous aspect. The microscope removed all further doubts on the matter. In this instance, therefore, an abscess had formed beneath the cœcum, thus baffling exploration, but unquestionably existing, and its opening into the intestine at once put an end to symptoms, which had misled the observer and induced the belief in typhoid fever.

No 17 in the same ward was occupied by a girl of thirteen, in the habitual enjoyment of good health, but whose constitution was not yet formed. One day, after swallowing a glass of cold water, the child experienced a sudden pain in the right groin, of so intense a character as to prevent her from walking or standing erect : on the morrow the pain had extended upwards, and occupied the iliac fossa; on the third day the patient vomited four times, twice on the fourth, and copious diarrhœa then set in. On the fifth day, she was brought to hospital when the following symptoms were observed : the abdomen was distended and tender, and a circumscribed dullness on percussion was found, reaching to about three inches above Poupart's ligament; the thigh was in a state of semi-flexion, and could not be moved without much pain, the tongue was white, the thirst intense, the skin very hot, and the pulse 116. Was this a case of inflammation of the psoas muscle, or an abscess of the iliac fossa? Mr. Bou-



chut adopted the latter opinion, and although it was a cause of regret that the disease should already have lasted five days, leeches were applied to the painful region, and the loss of blood was followed by a marked remission of the symptoms. The next day leeching was again resorted to, the feverishness yielded and, singular to say, resolution took place.

“ Iliac inflammation, ” remarked Mr. Bouchut, “ is usually observed in the puerperal state only, and is particularly unfrequent in childhood. It may be consequent upon perforation of the cœcum, or result from the escape of small foreign bodies through an accidental aperture of the appendix vermiformis cœci. The habit of chopping meat with a cleaver, and of beating the cutlets on a block with the flat surface of the instrument, facilitates the introduction of fragments of bone into the digestive organs, and when they penetrate into the cœcum, they easily fall into the appendix, where they occasion ulcerous inflammation, and perforations which may induce fatal symptoms. Cherry- or grape-stones, or fish-bones frequently act in the same manner in producing diarrhœa or gastro-enteritis, which is then sometimes improperly referred to an internal cause, and they may also give rise to inflammatory tumours of the iliac region. Mr. Bouchut has further observed such tumours to result from inflammation of the psoas muscle, or a laceration of some of its fibres in a violent effort. This had been the case in a little girl who, two months since, underwent treatment in his wards. But as a proof that the foreign bodies we have referred to are most generally concerned in the development of cellular pelvic inflammation, we may adduce the fact that the tumours and abscesses observed, almost invariably occupy the right side and the vicinity of the appendix cœci.

Of 57 abscesses, not belonging to the puerperal condition, recorded by Mr. Grisolle, 9 only were situated on the left side, whereas of 26 puerperal abscesses, 15 occupied that part of the abdomen.

These inflammatory tumours are sometimes placed within the peritoneal cavity, in front of the cœcum, or may lie beneath the peritoneum and even under the fascia. The abscesses situate within the peritoneal sac are usually

superficial, press upon the cœcum and interfere with the passage of the contents of the intestine. When they lie beneath the cœcum, as in the first case recorded above, they may be extremely difficult of detection. These inflammations are ushered in by no premonitory signs; sometimes they begin with a shivering fit, but always with very intense pain, which resembles that observed in peritonitis.

The consequences of these tumours and inflammations may be various : we have described an instance of resolution. The possibility of this termination of the disease has however been denied ; but Mr. Bouchut considers himself justified in arriving at an opposite conclusion. He asserts that in several cases, by energetic interference at the outset of the malady, he has been enabled to obviate suppuration. If, on the contrary, the course followed by the physician is undecided, or tardy, puriform matter collects, and an abscess forms which may turn out very perilous, according to the unknown direction the pus will adopt in its escape. Under these circumstances, the migrations of this morbid secretion are most varied. If the abscess be superficial, it may tend towards the skin ; when adhesions form between the abscess and intestine, it may open in the latter, as was noticed in the first patient above alluded to. Mr. Grisolle, on one occasion, saw the collection discharge its contents into the vagina ; Mr. Bouchut has met with an analogous instance, and was enabled, by the assistance of the speculum, to detect the precise spot in which the tumour had burst. In some other cases, the abscess opens into the bladder, or, detaching the cœcum, ascends and perforates the peritoneum, a fatal issue being the invariable result. Mr. Grisolle, in 56 cases of abscess not coinciding with the puerperal state, numbers 13 fatal terminations, a comparatively small mortality when compared with that of puerperal abscess, and which might, according to Mr. Bouchut, have perhaps been even less considerable, had more active and more timely treatment been instituted.

In such cases, medical interference should be immediate and active. It is on repeated leeching, of course proportioned to the strength of the patient, that Mr. Bou-



chut chiefly depends to avert suppuration. Even so late as the fifth day, we have seen two applications of leeches effectual for the purpose, in a case in which the formation of pus seemed unavoidable. When this secretion is suspected to have already formed, its presence should be ascertained at as early a period as possible, but at the same time with very great caution. If the finger gives affirmative information on the subject, an incision should be made in a parallel line with Poupart's ligament, in order not to injure the peritoneum. The textures having been divided in succession, an exploring needle should be inserted and the puncture enlarged in case pus is present. A lint pledget should then be placed between the lips of the wound, and a poultice applied. When the tumour is deep-seated, and beyond the reach of surgical instruments, emollients, baths and poultices are the only means left to assist nature in its frequently successful efforts to eliminate the morbid secretion. Blisters might be applied in case any tendency to induration was observed, but Mr. Bouchut does not consider them so powerful as has been supposed, to obviate suppuration.

— A little girl, whose case attracted notice from its singularity, applied at Mr. Bouchut's consultation, for the extraction from the abdominal walls of a needle she had swallowed three months before.

Many instances of the kind are to be met with in scientific records. In the *Dictionnaire des sciences médicales*, we read of chlorotic patients who, impelled by an unaccountable fancy, swallowed as many as 1500 pins, and died in a state of atrophy, their muscles bristling with these foreign bodies like so many pin-cushions. Needles sometimes penetrate into the skin by the same mechanism, by which an ear of rye creeps upward through a sleeve in which it has been inserted. This is chiefly observed in cases of hysteria and chlorosis, in which the integument has more or less lost its power of sensation, and is unconscious of the penetration of the foreign body. In the little girl who suggests the present remarks, the needle had been inadvertently swallowed, and the interesting feature of the case was the occurrence of diarrhœa while



the needle remained in her system, and its continuance even subsequently to the removal of the implement, the cause of the intestinal relaxation being obscured by the occurrence and perseverance of the symptom. It is not unimportant here to inquire what connection, if any, existed between the presence of the needle and the production of diarrhœa.

We have stated that the diarrhœa had followed almost immediately upon the introduction of the needle into the digestive organs; that it assumed a chronic form, and that the child had lost flesh. Mr. Bouchut was consulted as soon as a minute inflammatory tumour appeared upon the abdominal wall, and a small incision allowed him to discern the foreign body which he seized with a common forceps and easily removed. The wound healed rapidly, but the diarrhœa nevertheless persisted. This circumstance of course suggested the idea that the intestinal relaxation was not accidental, and might perhaps be connected with tuberculosis; as however the patient did not cough, as no mesenteric tubercles were discernible, the idea was abandoned, and in the supposition that the looseness of the bowels was due to a local cause only, it became necessary to inquire whether it was catarrhal or organic. A common catarrhal disease is not usually of so long duration, but the secretion, as may be observed in fluxes of all description, irritates the parts it comes in contact with, and gradually brings on organic disease, thus giving rise to interminable chronic inflammations. In Mr. Bouchut's opinion, this explanation applied to the symptoms of the case under consideration.

This enteritis, said he, will yield; but the child must have change of air. Meanwhile, until such time as she may have the benefit of pure air and nutritious diet, Mr. Bouchut contended with the disease by the exhibition of the trisnitrate of bismuth in doses of  $\frac{1}{2}$  dr. daily. The above medicine, baths and attention to diet are for this practitioner, the remedial agents most deserving of confidence in the treatment of chronic diarrhœa.

— In concluding these remarks, we will advert to the case of a girl, aged thirteen, who afforded a remarkable

instance of nervous paralysis, simulating organic disease of the spinal cord, and yielding more to the moral effect than to the physical influence of one cauterization, in a nummular form, applied to the lumbar region.

At the age of eight, the child suffered from intercostal neuralgia. Somewhat later, having witnessed some members of her family in a state of syncope, she had fainting-fits unattended with convulsions. When she was ten years old, she was affected with contraction of the legs, with semi-flexion of the thighs, the joints remaining perfectly healthy, a condition which lasted one month. This year, she was seized, three months before her admission into hospital, with a peculiar disturbance of voluntary motion in the lower extremities, recurring both at her own home and in the street; feeling on the point of dropping to the ground, she would suddenly stand still until the power of progression returned. Sometimes, on the contrary, when desirous of stopping, she would find herself propelled onwards by an irresistible impulse. It should be remarked that the child is tall for her age, presented no signs of chlorosis or hysteria, no spasmodic constriction of the throat, convulsions, disposition to shed tears, or any change whatever in the sensitiveness of the integument. She complained of numbness, and formication in the legs, could scarcely stand, and was utterly incapable of walking.

Mr. Bouchut considered this case as a simple adynamic disturbance and an illustration of genuine nervosism. The child had seen persons faint, and in imitation she also had syncope. She observed individuals suffering from muscular contraction, and likewise soon presented the same symptom. She witnessed instances of paraplegia, and similar morbid manifestations forthwith appeared in her own case. She was, in fact, a sort of sensitive-plant, powerfully impressed by all circumstances, a mirror preserving the images it had reflected. Her disease was a nervous Protean affection, which began with intercostal neuralgia, and concluded with paraplegia, but of an entirely nervous form, which, to yield, would require but a mere mental emotion. Mr. Bouchut, therefore, determined upon having recourse to the application of one button-

shaped actual cautery, more for the purpose of causing a sensation of terror than with a view to counter-irritation. To use Mr. Bouchut's expression, fire in this case was a moral counter-irritant.

The patient, supported on each side by an assistant, having been placed in a standing attitude, the back was exposed, and a cautery, heated to a cherry-red, was very superficially applied to the dorsal region. Scarcely had the instrument come into contact with the skin, when the child, shrinking from the pain and closely followed by the operator, walked without support, and during the rest of the day she stood without aid. On the next day, nothing remained of the paraplegia but some little hesitation in her gait. Thus the desire to escape from pain, endowed this patient with the power of walking. This case confirms a fact which has been questioned, viz., that paralysis has been known suddenly to cease under the influence of mental emotion, a convincing proof of the entirely nervous nature of some diseases, erroneously referred to organic changes in the spinal cord.

Observe, said Mr. Bouchut, the interest and importance of this case; these dynamic disturbances are relieved by a few blisters, dressed with morphine, if pain is present, by acting upon the mind, by tonics or sea-baths. Admit, on the contrary, the existence of chronic inflammation of the spinal cord, and you will unavoidably be led to weaken your patients by issues and local irritant applications; the muscles will blench, lose their transverse fibres, undergo fatty transformation, and gradually lose their vitality, in proportion as the nervous symptoms gradually acquire a more dangerous importance.

## ART. 5708.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Benign anthrax. — Dislocations; an instrument for checking extension instantaneously. — Remarks on tracheotomy.*

A young man, aged twenty-eight, was admitted into



hospital for the treatment of an inflammatory tumour of the left shoulder. He stated that the disease had begun fifteen days before by a pimple, which gradually increased in size until it had attained its present enormous volume; it extended from the neck to the lower angle of the scapula, and from the line of the spinous processes to the back of the deltoid. The summit of the swelling was ulcerated and occupied by partially detached eschars, the neighbourhood of which was studded with small perforations in communication with puriform matter; more outwardly was observed a red, shining band, which reached the limits of the inflammation, the consistency of the entire tumour being cartilaginous. This was a case of benign anthrax or carbuncle at the stage of elimination.

Despite its name, benign anthrax is anything but an unimportant disease. Very recently, Dr. Paillou, an eminent practitioner of the city of Bordeaux, was so unfortunate as to lose in a few days, with symptoms of the most aggravated nervous character, a patient aged thirty, who was suffering from carbuncle of the upper lip. This young man was, it is true, under the depressing influence of deep sorrow, a circumstance which in itself justified the greatest apprehensions. The anthrax, as it often happens, was in this case but the local expression of complete derangement of the constitution, which would most probably baffle even the most appropriate medication. The dangers of anthrax may be said to depend on the condition of the soil in which it grows, and when the patient is debilitated by moral or physical causes, the prognosis is proportionally unfavourable. Thus, it is chiefly in adults and in the aged that legitimate anxiety is felt, and that the practitioner should display much reserve in his estimation of the possible issue. The seat of the tumours is another circumstance from which they may derive gravity. When, for instance, they occupy the anterior cervical region, they may grievously endanger life, from compression of the trachea and large blood-vessels, and after the fall of the eschars from the migration of the puriform secretions, the consequences of which cannot be foreknown. In this respect, Mr. Nélaton's patient was favourably situated; moreover, he was under

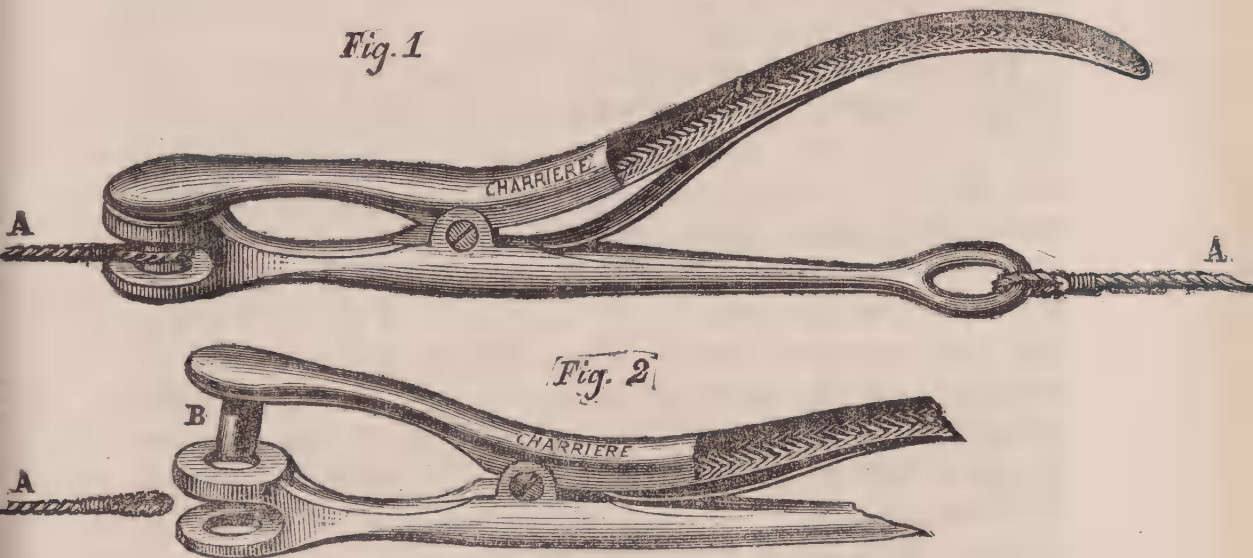
no depressing moral influence, and had experienced merely physical fatigue increased by intemperance. These circumstances, combined with his youth and naturally healthy constitution, justified hopes which havenot been disappointed.

Mr. Nélaton divided the tumour down to the fascia by a crucial incision of 15 or 18 lines in depth, and offered some remarks upon this practice, which he had formerly denounced as improper. In questioning the accuracy of the theory of incarceration of the inflamed cellular tissue in the areolæ of the derma in anthrax, Mr. Nélaton had carried too far the practical deductions of his argument. He had proscribed incision as a useless procedure, but he soon discovered his error, and candidly acknowledged it. Although, however, he now willingly admits the great advantages of incision, he accounts for them without calling in the assistance of the old theoretical view. The most superficial examination, said he, will convince the observer that the cellular tissue is in no wise incarcerated. The texture of the corium does not present narrow-necked apertures for the reception of the adipose fasciculi, which are simply located in minute conical cups sunk into the inner face of the derma, and suffer, when inflamed; no undue pressure likely to produce mortification. The alleged gangrenous cores are merely plastic exsudations. Nevertheless, the refutation of the theory of incarceration of the adipose tissue does not do away with the propriety of incisions, the obvious utility of which experience amply demonstrates. If we inquire closely into the anatomy of carbuncle, we find that two diseases combine to form it; in the first place an inflammation of the follicles of the skin, and in the second phlogosis with a tendency to mortification of the neighbouring subcutaneous stratum of cellular tissue. Leaving aside the morbid phenomena displayed in the centre of the tumour, we observe a diffused phlegmonous inflammation complicating the cutaneous affection. Now, the best treatment of diffused phlegmon is incision, and a free use of the knife is also the most beneficial treatment which surgeons can possibly adopt in anthrax.

— In our last Number but one we described the unhop-

ed for cure of a dislocation of the elbow. We shall now mention two cases of luxation of the shoulder-joint, and take this opportunity of laying stress on the necessity of repose and of some details of treatment after reduction. With regard to the reduction itself, we consider it is not altogether useless to describe the instrument added by Mr. Nélaton to the apparatus for extension, for the purpose of arresting suddenly and at will the tractive power.

The adjoining engraving shows that the appliance consists of a forceps, one of the branches of which bears a mortise, and the other a tenon perpendicular to its axis, which, when the instrument is closed, secures one of the



ropes A (Fig. 1). The ropes, transmitting the power generated by the pulleys, form, with this contrivance, a chain, which remains uninterrupted until a given time of the operation. As soon as the surgeon considers that a sufficient amount of extension has been obtained, an assistant, specially appointed for the purpose, closes the handles of the forceps, and the tenon B leaving the mortise, the rope is liberated at once (Fig. 2). Mr. Nélaton's system of pulleys, supplied with a dynamometer and completed by the addition of the instrument figured in the annexed diagram, is doubtless the most perfect of its kind, and the best calculated to meet the indications presented by the



nature of the injuries, for the relief of which it has been invented.

Let us now briefly allude to two interesting instances of dislocation of the shoulder. The first case was not reduced in hospital, and we witnessed its consequences only. It occurred in an itinerant professor of callisthenics, who generally performed in public on Sundays and Mondays at the barriers of Paris. In a boxing-match he fell, dislocated his shoulder, and immediately applied to a bone-setter; after some very painful manipulations, a snap was heard, and the articulation resumed its natural shape. The dislocation was therefore reduced, but violent inflammation having set in, in the injured part, the patient came to hospital, and his condition required reiterated cupping and the application of Mayor's bandage, in order to secure perfect immobility.

The other case was that of a corpulent and full-blooded old man who, being threatened with an apoplectic seizure, was grasping the balusters of a staircase, when he fell and put out his shoulder. Nothing was done to remedy the consequences of the accident, and two months later, when the patient applied for admission into hospital, Mr. Nélaton ascertained that the head of the os humeri had been thrown inwards and upwards so as to be in contact with the coracoid process of the scapula. This dislocation is in general easily reduced, and in the present instance the only circumstance which might interfere with reduction was the time which had elapsed since the injury. It proved, however, no obstacle, and a power equivalent to about 80lb., assisted by pressure of the knee, was sufficient to secure reduction, although not to restore the joint to its natural shape, a distinction which requires some explanation. When several weeks have passed since the occurrence of a luxation, the articular cavity does not long remain in its natural condition. The glenoid cavity, from which the head of the bone has been ejected, does not long continue empty, but fills with plastic lymph, and the neighbouring textures coming into close apposition with it, the vacant place is occupied by new tenants, which must be expelled before the bone can return to its proper situation. Adhesions may be torn asun-

der, muscles be pushed aside, but plastic lymph and congested cellular textures more or less obstructing the articular cavity, the head of the bone is not received into its socket with the same degree of precision and solidity as formerly; time is required to reestablish matters in their natural state, and until such time has elapsed, the shape of the joint is necessarily altered, and the bone preserves a tendency to fresh displacement. If, moreover, we take into account the lacerations which dislocations must produce in the capsular ligament, the sub-scapular supra and infra-spinatus muscles, which are occasionally torn from the os humeri, we can readily understand that such injuries can be redressed by time only, that rash movements may be followed by violent inflammation and relapses, and we may conclude with Mr. Nélaton that, after the reduction of a dislocation, whether recent or not, it is indispensable to prescribe absolute repose, to bring the arm in close contact with the side and to place it in perfect immobility for a more or less considerable length of time.

— At the time of the debate, which took place some months since, at the Academy of Medicine on the subject of tracheotomy and tubing, Mr. Nélaton was a member of the committee, of which Professor Trousseau was the reporter. Mr. Nélaton's personal opinions on the matter were not promulgated; we deem it therefore not uninteresting to record some remarks made by this gentleman on the occasion of a recent and felicitous performance of the operation, which attracted so much attention last year.

The necessity of cauterizing the wound, in order to prevent diphtheria from invading its lips, has been laid down as a principle. Sometimes indeed, the disease does extend to the wound, and as the tumefaction and consequent abscesses constitute a complication of a dangerous character, Mr. Trousseau makes preventive cauterization after tracheotomy, an invariable rule not to be departed from. Mr. Nélaton takes a different view and questions the necessity and efficacy of this practice. The first child he operated on recovered, the twenty-three cases which

followed, terminated fatally ; in a second series of ten patients, he saved one, altogether two instances of recovery out of thirty-four. What was the cause of this fearful mortality? Mr. Nélaton cannot refer it to his not having taken the precaution of cauterizing the wounds, as diphtheria was observed to invade them but once in these thirty-four cases.

Mr. Nélaton gives unqualified approval to the woollen or muslin cravat, which being wrapped round the neck sifts the air, communicates to it a warm moisture, thus obviating the occurrence of pneumonia and the obstruction of the canula by desiccated secretions. He also agrees entirely in the propriety of feeding the patients even against their inclination. But he differs from Mr. Trousseau on a much disputed question, viz. the most appropriate time for the performance of tracheotomy.

Is it desirable to operate at an early period, or is it preferable to await anæsthesia as a proof that asphyxia is complete? Should the surgeon postpone his interference until the period of asphyxia, the last stage of croup, has distinctly set in? Mr. Nélaton is no friend to the premature operation. The sudden and complete change for the better, often however of too short duration, which follows the operation performed during asphyxia, precludes the belief that, when the child dies after this wonderful return to life, the fatal issue is referrible to the fact of tracheotomy having been delayed.

The operation, in itself, is of the simplest, provided the surgeon takes his time, does not seek for brilliant effects and adopts every precaution to obviate hemorrhage. Twice Mr. Nélaton divided an artery, both ends of which he secured with a ligature. The professor considers the *dilatateur* a bad instrument, which a very simple modification of the canula will permit the surgeon to dispense with: the lower aperture of the tube, instead of being in a horizontal plane, should be oblique, one of the sides being longer than the other; thus the tapering and nib-shaped extremity of the canula easily penetrates between the lips of the wound. The internal canula should of course preserve its present shape, which there is no reason to alter. With regard to the ulcerations said to be produced in



the trachea by the metallic tube, they are undoubtedly occasioned by its contact, and have sometimes given rise to perilous symptoms, from the tube becoming more or less obstructed by granulations which interfere with respiration. Mr. Luer has manufactured a canula, with a movable ridge, which follows the motions of the neck, and does not press unduly in any direction. This instrument, which has not yet been tried in practice, may perhaps prove useful, but until its superiority has been sanctioned by experience, Mr. Nélaton thinks that the ulcerations alluded to, which are not equally common at all times, and in the production of which epidemic tendencies may therefore be supposed to share, are best obviated by the removal of the canula at as early a period as possible.

## ART. 5709.

## OPHTHALMOLOGY.

(Dr. Desmarres' Dispensary.)

*Extraction of cataract by linear incision. — Congestion of the retina caused by vivid light; symptomatic amblyopia cured by active treatment.*

Several patients affected with cataract have been operated on at Mr. Desmarre's dispensary by the method of linear incision, and their recovery has been so rapid that it may be useful to enter into some descriptive detail of this ancient, but not very generally known operation.

For the last ten years, Mr. Desmarres has resorted to this method in certain given cases, for the removal of the lens, and in order to prevent it from becoming a cause of local irritation by its presence. It has been generally adopted at Berlin for cases of soft cataract without a nucleus, in subjects under forty. We should here remark that the age of the patient is a consideration secondary to that of the anatomical state of the lens. Thus, in very young subjects a soft cataract may coincide with a nucleus of moderate firmness; in this case, unless the nucleus is very minute, the linear incision cannot be adopted with benefit, because the lens could not escape through

the small artificial aperture of the cornea. The method is applicable in case only the cataract has undergone a flaky softening, and is of a homogeneous pulpy consistency; in the contrary condition linear incision must not be thought of, or its subsequent performance must be merely prepared the puncture or division of the capsule. Usually however, in persons under forty, cataracts are unprovided with nuclei, and unless the disease is congenital, the opaque lens is soft in 99 per cent of the cases observed in youth, the nucleus seldom making its appearance before forty.

In a subject of thirty-seven or thirty-eight, when the centre of the lens is suspected of being firm, the fact may be easily ascertained by admitting oblique rays of light into the eye. The patient being in the dark, a lamp should be held at eight inches from his head, and the operator, examining the eye through a N<sup>o</sup> 2 magnifying-glass, may thus estimate all the diameters of a nucleus if any be present.

When the operation has been ascertained to be possible and is judged to be expedient, it is proceeded with as follows: the patient being laid on his back, the eye-lids parted and the eye-ball steadied with elevators, the surgeon with a lance-shaped knife makes a small incision on the outer side of the cornea, opposite the margin of the pupil, but somewhat nearer to the sclerotic than to the inner circumference of the iris. The knife is then rapidly withdrawn, and the needle (cystitome) immediately substituted, with swiftness sufficient to blend, as it were both, actions into one, in order that the aqueous humour may not escape; the space between the iris and cornea is thus preserved, else the former membrane might be exposed to injury during the passage of the needle. This instrument should be curved, inserted backwards, and afterwards turned round; it penetrates into the lens, lacerates its tunic fan-wise the apex of the triangle lying towards the handle of the needle. A large extent of the capsule should thus be divided; this facilitates the operation, and obviates the occurrence of secondary opacity. If the cataract is liquid or semi-liquid, the above procedure is sufficient, and pressure with the scoop forces out the lens at once. When on the contrary, it is more firm, pressure should be exercised with the scoop on the outer side of the wound, while

the finger propels the crystalline substance, this extraction forming the third and last period of the operation.

One of the patients in whom this process was applied was a young man suffering from traumatic cataract, with flakes, plastic exsudations and inflammation. The greater part of the lens having been thus removed, the inflammatory action subsided; the wound healed rapidly and in a few days vision began to return. In a young woman, aged thirty seven, a slightly firm nucleus was discovered by inspection with oblique light, and although the operation was somewhat laborious, its issue was prompt and favourable. But the most remarkable case we witnessed was that of a woman about thirty years of age, in whom a complete cure was effected in twentyfour hours.

The method has the great advantage of yielding rapid results; it is most beneficial in women, but is inapplicable to children who scream; in the case of young people amenable to reason, M. Desmarres strongly recommends linear incision, because union rapidly takes place, the dangers of the usual flap operation are obviated, and the slowness of the cure after couching is not incurred. The operation is however a delicate one; and requires skilled and dexterous management, but after three or four times the surgeon will find but little difficulty in its performance.

The accidental occurrences which may supervene during its progress are the hernia of the iris, which should be returned to its place with the scoop, or excised, as the enlargement of the pupil is a matter of no importance; Mr. Desmarres himself never hesitates as to the removal of the extruding part. The vitreous humour and hyaloid membrane may also escape, but this may be easily avoided by not carrying the needle too much backward, and exercising very gentle pressure with the scoop when the lens is extracted.

—A pattern-drawer, aged twenty-eight, was standing at his window during a thunder-storm, when a flash of lightning suddenly blinded him for several minutes. He soon however recovered his sight, but the left eye remained dim, and it became impossible for him to pursue his usual avocations.



After having resorted without benefit to mustard foot-baths, aloetic aperients and mercurial frictions, the patient applied on June 18th at Mr. Desmarres' dispensary, where, with the assistance of the ophthalmoscope, amblyopia, dependent upon congestion of the retina, was ascertained to exist. The following was Mr. Desmarres' prescription :

1. 10 leeches to be applied between the eye and the ear.

2. To take on the following morning 2 oz. of citrate of magnesia in 1  $\frac{1}{2}$  pint of water.

3. To take morning and evening one of the following powders :

<i>R.</i> Calomelanos. . . . .	5 gr.
Sacchari. . . . .	$\frac{1}{2}$ dr.

*M.* Divide in chartulas sex.

4. Three or four times daily, to anoint the brow and circumference of the orbit with the size of a hazel-nut of :

<i>R.</i> Plumbi iodid. . . . .	1 dr.
Adipis. . . . .	8 dr.

*F. s. a.*

To remove the ointment after one hour with a piece of soft cambric.

5. Frequent lotions of cold water during the course of the day.

6. Saline foot-baths.

7. Absolute repose of the eyes.

On June 20th, a second application of leeches was prescribed, and the other remedies were persevered in.

Considerable improvement was visible on the 23d. The treatment was then modified and replaced by the following prescription which was the last :

<i>R.</i> Antimon. Potassio tritrat. . . . .	2 gr.
Aq. destill. . . . .	3 $\frac{1}{2}$ oz.

*F. s. a.*

One table-spoonful to be taken three hours after a meal, twice a day.

This remedy was continued for a week, and on July 15th the eye had entirely recovered its former power.

### ART. 5710.

## MEDICAL CORRESPONDENCE.

**MEMORANDUM ON THE USE OF TINCTURE OF IODINE AND TARTAR EMETIC OINTMENT IN TYPHOID FEVER.** — The last part of the present journal contains (Art. 5694) the announcement of a pamphlet, which Mr. Magonty has just published on the treatment of typhoid fever by iodine. Far from wishing to raise here a sterile question of priority, I sincerely congratulate my Paris fellow-practitioner on his initiative, and I am merely desirous of giving to his conclusions the support of my personal experience, and of confirming, by a few remarks, the excellence of a treatment, which I have now practiced for six years.

Towards the end of 1853, typhoid fever made its first appearance in the part of the country I inhabit. The scourge blindly smote on all sides, all the persons attacked falling victims to its fury. I unsuccessfully adopted the various therapeutic methods recommended by the chiefs of the profession, when I took on myself to quit the beaten track; and on the 6th January 1854 I commenced exhibiting iodine internally to my patients. The first case submitted to experiment caused me for three days considerable uneasiness; after suffering much anxiety, I was on the fourth day agreeably surprised and amply indemnified for my uneasiness, by finding my patient in a state so near convalescence that I could scarcely believe my own eyes. Since that period I have observed two epidemics of the same fever, and have met with a large number of isolated cases in my practice, and I do not remember having lost a single patient. The following is the treatment I instituted from the first:

Tincture of iodine being, of all preparations of this metalloid, the easiest of management, especially in country-places, I prescribed a spoonful of a mixture, containing 30 drops of this tincture, to be taken every two hours during the day. This dose was that of adults; I diminished it for young subjects, and graduated the remedy according to age. I never administered iodized enemas, a circumstance probably arising from my topical treatment rendering such enemas useless. Thus, I always took care that frictions should be performed on the right iliac region with tartar emetic ointment, and, singular to relate, these frictions never produced any local irritation; the chemical agent, being completely absorbed, induced internally an aperient effect which responded to one of the most precise indications of typhoid affections.

It must not however be supposed that, if the beneficial influence of this medication is experienced after four or five days' use, the patient is therefore completely cured. Phenomena may subsequently appear, giving rise to intercurrent indications and requiring the intervention of appro-

priate remedies. But the almost invariable fact is that what remains of the habitual symptoms generally ceases to present an alarming character the persistent symptoms are of a nervous nature. In short, and to express my opinion fully on this subject, typhoid fever is reduced, by the combined treatment to which I have referred, to the proportions of a convalescence which varies in naught but duration.

MAZEL M. D.

Thonac (Depart. of Dordogne).

## SCIENTIFIC MISCELLANEA.

ART. 5711. COLD WATER GARGLES AND IODINE IN ANGINA. — Mr. Blanc, a practitioner at Rioux, has communicated to the public, through the medium of the *Union médicales* a method of treatment for uncomplicated and for diphtheritic angina, principally consisting in *cold water gargles*. “During the epidemic of diphtheric angina, which prevailed in Saintonge for several months,” says this gentleman, “25 or 30 cases of angina in every stage came under my care, and I am happy to say, the patients all recovered.” This result, adds Mr. Blanc, does not imply the infallibility of the treatment, but at least recommends it to attention, especially when an efficacious medication for that disease is sought on all sides. Now the method of the physician of Rioux consists in pure cold water gargles, used twenty or thirty times an hour, if feasible and continued until the disappearance of the diphtheritic patches and of the pain.

In the simplest cases, Mr. Blanc concurrently prescribes mustard-poultices and low diet, and in the more aggravated, blood-letting or leeches, and strict abstinence from food. As a beverage, the patient takes at his pleasure some draughts of his gargle. With children, gargling is replaced by lotions in the throat, performed with a brush steeped in cold water and repeated as often as possible. Mr. Blanc never cauterized nor added anything to this cold water cure.

The author italicizes the word *cold*, because he attaches very great importance to that temperature. Cold moisture appears to him the true remedy for angina. And if other practitioners employ, as is usual, cold gargles containing a not very active substance, he is disposed to think the excipient has been more instrumental to the cure than the remedy itself. M. Blanc is desirous that his opinion on this subject should receive the sanction of general experiment, first, because if water were found to be the true remedy for angina, patients would be delivered from a number of substances which they reluctantly accept, when water alone is so grateful to their palates, and also because the unknown quantity in the problem, being thus evolved, might in future serve as a basis to further therapeutic investigations.

We shall put in juxtaposition with the preceding considerations another treatment for angina, but for angina scarlatinosa, which M. Reeves asserts he prevents and cures by preparations of iodine. The *Lyons Medical Gazette* reports from the *Lancet*, that this gentleman applies iodine to all



persons affected with scarlatina, to preserve them from the invasion of angina, an object he satisfactorily attained during an epidemic, and to contend with this complication when it is present.

Mr. Reeves applies his medication simultaneously in three different modes: he smears the throat with tincture of iodine, anoints the sides of the neck with iodized pomade and exhibits an iodized mixture internally. He however remarks that preparations of iodine for external use are commonly too active and he uses for his tincture but from 15 to 23 gr. iodine to 1 oz. of excipient, and for the pomade about 1 gr. iodine to 1 oz. of lard.

The following is the mixture for internal use :

Potassæ Hydriodatis . . . . .	15 gr.
Iodini . . . . .	2 gr.
Potassæ chloratis . . . . .	1 dr.
Potassæ nitratis . . . . .	1½ dr.
Liq. potassæ . . . . .	1 dr.
Aquæ . . . . .	8 oz.

To be taken every four hours in tea or table-spoonfuls (according to the age of the patient).

Critical and periodical angina, which in so many persons regularly reappears twice or thrice a year, is benefited by the use of this mixture combined with iodized inhalations. Thanks to this treatment, the author has often observed, not only that amygdalitis is more rapidly subdued than under the influence of the usual methods, but likewise that the periodical return of the attacks is definitively prevented.

ART. 5712. VAGINITIS; PLUGGING WITH TENTS LUBRICATED WITH TANNIC GLYCERINE. — The *Gazette médicale* publishes the following extracts from a voluminous memoir of Mr. Demarquay on glycerine, which derive interest from the well-known difficulties attendant upon the treatment of vaginitis.

The method adopted by Mr. Demarquay in this obstinate disease has never since four years, says the author, been even once unsuccessful, and consists in plugging with tents impregnated with the following solution :

R. Glycerinæ . . . . .	3¼ oz.
Acid. Tannici . . . . .	2 — 4 dr.

The glycerine completely dissolves the tannin, and a semi-fluid substance is obtained, which readily soaks into cotton or lint balls, and after application does not escape even when the patient assumes a standing attitude. The dressing is performed as follows :

The speculum having previously been inserted, the muco-pus which lines the mucous surfaces is removed by copious injection of water, and the vagina is subsequently dried with a lint pledget attached to the extremity of a long forceps. One or more wadding tents, impregnated with the preparation of glycerine and tannin, are then introduced, and a dry

ball of cotton is superadded for the purpose of absorbing any drops of fluid, which might possibly exude. The speculum is then removed, and the dressing is preserved for twenty-four hours by the patient, when it is removed, and a bath is prescribed; the application is then renewed exactly as before. Four or five dressings are sufficient to secure a complete and permanent cure; it is however prudent to perform, during the week which follows the last insertion of the medicated tents, two or three injections daily, with a decoction of walnut leaves containing one drachm of alum to every quart.

In some cases, the above method cannot be resorted to at once. Inflammation, for instance, may be an obstacle to the insertion of the speculum, and require to be subdued by a demulcent course of treatment, before the application of the tents. But in the circumstances specified, not only is the plugging painless, but it also permits the patients to get up and stand during part of the day. Mr. Demarquay is confident that the medication, the details of which we have described, and which has been equally successful in the hands of other practitioners, will always give results as satisfactory as he himself has found them in his private practice and at the municipal *Maison de santé*.

ART. 5713. GONORRHOEA ; MR. DIDAY'S ABORTIVE TREATMENT. — The *Gazette médicale de Lyon* describes as follows the treatment adopted by this distinguished syphiliographer, during the first stage of gonorrhœa :

Mr. Diday, in the first place, informs his patients of the possibility of effecting a rapid cure if early advice is sought, and explains the first symptoms of the malady. The early stage is free from pain, because it is the *incipient period*; it is a general and fatal error to consider this immunity as a proof that the disease is not serious.

This is a universal mistake, which Mr. Diday always endeavours to correct.

“When the patient first applies,” says he, “operate at once and *operate yourself*.”

“One injection, or, more properly speaking, one consultation for the purpose of injection is sufficient, as it is necessary to perform a preliminary lotion of the urethra in order to remove particles of muco-pus or urine before the curative injection is proceeded with.

“The following is the sufficient but required dose :

Aq. destill . . . . .	3½ dr.
Argenti nitrat. cryst. . . . .	5 gr.

“The syringe need contain no more than 1½ or 2 dr. of fluid, because, if the patient applies in time, the disease has not yet reached the more deep-seated parts, and a cauterization extending to the first 2½ inches of the duct will answer the purposes of cure.

“If the surgeon considered it desirable to act on a greater extent of the urethra, it would obviously be in the belief that inflammation might al-

ready have spread deeper. But the phlogosis would not then have gained merely in extent, but also in intensity, and the chances of success would not be sufficiently numerous to justify this kind of interference.

“After the first cleansing injection, the second, the really effective one, should be retained three minutes. Some practitioners adopt the practice of forcing the fluid backward, a palpable misconception of the nature of the case. The anterior part of the urethra, at this period, suffers alone, and alone should be in contact with the medicinal agent, but the fluid must bathe all its parts, the cavity of its follicles and its innermost folds. To effect this all-important object, the liquid must therefore be forced forward. For a minute, the injected fluid should be kept in this situation by methodical pressure, the meatus being closed with the other hand. The urethra will then be distended by the injection, and the practitioner will have powerfully contributed to the cure, by thus forcing the remedial agent to penetrate wherever its presence may be necessary.

“This is not all; the cause of contagion having acted in the first place upon the central part of the meatus, that spot is the most intensely affected because there the disease has lasted longest.

“After the above manipulations, the meatus should therefore cease to be pressed. Instead of keeping it closed by the lateral pressure of two fingers, I apply the pulp of the thumb outside over the orifice, exactly as it would be placed upon the aperture of a bottle about to be rinsed. The injection can then freely flow down to the meatus, and bathe this extremity of the duct. I keep it in contact with this part about one minute, after which I permit it to escape and the operation is concluded.”

ART. 5714. APPARENT DEATH OF NEW-BORN CHILDREN; PULMONARY INSUFFLATION. MR. DEPAUL'S ADVICE. — Pulmonary insufflation, which has long been employed for adults, has been, within the last few years only, applied to new-born infants, and Mr. Depaul has been one of the most active promoters of this practice. We reprint, from the *Gazette des Hôpitaux*, some passages of a lecture recently delivered by the professor on this important subject.

At the outset, Mr. Depaul could not resist the desire of reminding his hearers on this occasion of one of the facts which struck him the most forcibly, as much from the evidence of the results as from the illustration it affords of the perseverance requisite in the use of the laryngeal tube.

“Having been summoned,” said he, “by a fellow-practitioner, to a young woman, who had just been confined and had been seized with violent shivering, I was soon convinced that her condition presented no gravity, and my colleague soon participated in my security. But as I was about to withdraw, I noticed under a table the child wrapped in swaddling-clothes. I was then informed it was born anæmic, had given no signs of life, and that, after having in vain resorted to some of the means usually adopted in such instances, hope of recalling the infant to life had been relinquished. Having approached from mere curiosity to look at the child, it seemed to me that the precordial region was still the seat



of some obscure quivering. I immediately took my laryngeal tube, without much difficulty inserted it into the trachea and began to perform insufflation. Parturition had then taken place about 30 or 35 minutes. The infant's body had been, at the time, entirely swathed in warm linen. The circulation soon returned, evident throbbing becoming manifest in the heart and umbilical cord. One inspiration was observed after a quarter of an hour's insufflation; a second occurred a few instants later. They increased from that moment at shorter intervals, and the skin became coloured. When insufflation had lasted about 40 minutes, respiration was almost as frequent and as regular as in health; the child was definitively restored to life."

This fact is certainly most interesting; but such felicity in the results is not always to be expected. In some cases, breathing and the action of the heart are reestablished, but cease after a few minutes.

During what space of time should insufflation be continued before finally abandoning all hope? Experience has shown Mr. Depaul that the operator should not be discouraged until two hours have elapsed. Insufflation should be continued as long as the heart beats; when, after two hours, the reestablishment of spontaneous respiration has not been effected, it would be vain to persist in the method.

The instrument employed by Mr. Depaul for this operation is Chaussier's tube modified. For the two lateral apertures at its extremity, the surgeon has substituted a single terminal orifice, nearly equal in diameter to that of the instrument, in order to permit the air introduced to pass directly and integrally into the bronchial divisions. Mr. Depaul performs the operation as follows:

"The temperature of the child," says he, "being kept up by hot and often renewed clothing, its body should be so placed that the chest be much higher than the pelvis; it is desirable the head should somewhat recline for the purpose of causing the fore part of the neck to protrude. I first clear the mouth and pharynx of all the mucus they may contain; then with the fore or little finger of the left hand, I follow the mesial line of the tongue down to the epiglottis, and holding with the right hand Chaussier's tube very near its larger extremity like a pen, I insert in the mouth its smaller end, running it along the finger placed in that cavity. When the instrument has reached the level of the entrance of the larynx, I incline it towards the left commissure of the lips, and by slight movements I endeavour to raise the epiglottis, which I generally effect without much difficulty; if the instrument is then straightened and at the same time carried towards the mesial line, its extremity will traverse the glottis. When the foregoing precepts are attended to, the tube seldom penetrates into the œsophagus. For greater security, however, it is desirable the operator, before commencing insufflation, should pass his finger over the larynx and trachea and thus ascertain that the desired object has been accomplished. The changes produced by the introduction of air may also, in general, enable the surgeon to judge of the proper or improper situation of the canula. When it has passed into the digestive organs, a considerable distension of the epi-

gastric region is observed at the very outset, and the basis of the chest rises afterward only. If, on the contrary, it has penetrated into the respiratory organs, the dilatation of the chest is uniform, and the sinking of the diaphragm alone occasions the protrusion of the upper part of the abdomen. When it is ascertained that the tube is in the larynx, it is indispensable to obviate the reflux of the air about to be impelled; for the circular plate, lined with sponge, which rests on the glottis, stops up the aperture but very imperfectly. This result may be obtained by two equally good procedures. By the one the operator endeavours to close tightly the entrance of the larynx, and effects his purpose with the extremity of the fore-finger inserted in the fauces. By the other, which I have more frequently employed, the air is forced into the air-passages, and at the same time its egress by the œsophagus, mouth and nostrils is prevented. Moderate pressure with the instrument will bring the front wall of the œsophagus into close contact with the hinder. With the thumb and fore-finger of each hand the lips are pressed on each side of the canula, and the nostrils are closed by pressure of both middle fingers raised."

Mr. Depaul summarized in the following terms the process to be observed in the case of a new-born infant in a state of apparent death from anæmia:

Clear the trachea and mouth of all mucus that may obstruct them, excite general sensibility by the various methods the practitioner has at his disposal, and if this first series of means is insufficient, introduce the laryngeal tube and perform insufflation, without any apprehension of rupture of the pulmonary vesicles; for if insufflation is performed with timidity, it will not succeed; if, on the contrary, with a certain degree of force, the chances of success are considerably increased.

**ART. 5715. AN ENORMOUS TUMOUR OF THE TONGUE MISTAKEN FOR A CANCER; ANTISYPHILITIC TREATMENT; CURE.** — A medical practitioner, whose name is dear to science, Mr. Lagneau Jr., published in the *Gazette hebdomadaire* a highly interesting article on syphilitic tumours of the tongue. Among the curious instances related by the author we select the following, which shows what the resources of art can effect in certain cases of suspicious tumours:

Mr. Jules Cloquet was called in consultation with the physicians of King Louis Philippe's household, among whom were professors Pasquier, Blandin and Piorry, to examine a footman of the palace, on whom a serious operation was about to be performed. This man of tall stature and strong constitution, although anæmic, had been affected for fifteen or eighteen months with an enlargement of the tongue, which had been considered to be of a cancerous nature. This organ, enormously tumefied, protruded from the mouth, and came down three inches below the chin. The patient spoke almost unintelligibly; he breathed and swallowed with extreme difficulty, and was inundated with abundant saliva. The tongue was slightly chapped at its surface. On palpation four hard round tumours, each of the size of a small walnut, were discernible in its texture. Some of the sub-maxillary glands were tumefied on the

left side. This man alleged he had never had gonorrhœa, chancre or any other syphilitic manifestation; his skin presented no morbid indication of the existence of secondary symptoms. He had been married ten years, had no children, and his wife enjoyed excellent health. The majority of the physicians considered the disease cancerous. The question then arose whether an operation was advisable, and if so, practicable. Mr. Cloquet declared that, if the affection was carcinomatous, an operation should be avoided; that, moreover, he had doubts on his mind as to the nature of the organic lesion, and that, notwithstanding the information supplied by the patient, it might perhaps have a syphilitic origin. The professor, therefore, recommended a specific treatment, based upon this supposition. The other physicians, the majority of whom had rejected the operation, willingly acceded to Mr. Jules Cloquet's proposal.

The prescription agreed on was a decoction of sarsaparilla,edulcorated with the syrup of sarsaparilla of the French codex, with 1  $\frac{1}{2}$  gr. bichloride of mercury and 11  $\frac{1}{2}$  gr. gummy extract of opium, and frictions morning and evening with 3 gr. calomel on the upper part of the tongue. The diet was to consist principally of milk food.

A second consultation of the same physicians took place a fortnight after the treatment had been instituted. The patient already found himself much relieved; his tongue no longer descended below his chin. The functions of the mouth were performed with less difficulty, and the general condition was improved. The treatment was persevered in; but the further progress was very slow; and the tongue, habitually remaining in contact with the lips, did not begin to return within the mouth until after the expiration of eight or ten months. The submaxillary glands, at that period, had ceased to be tumefied; but the tubercles of the tongue, although diminished, were still persistent. Mr. Cloquet advised the patient to spend the winter at Hyères, where the treatment and the regimen were rigorously continued. This man first recovered his strength and ceased to be anæmic; but the tubercles of the tongue were still for a long time perceptible on palpation. It was not till after a second winter had been passed at Hyères, after about twenty-eight months' treatment and regimen, that the tubercles entirely disappeared, that the tongue resumed its normal size and the patient was restored to perfect health.

Since that period, Mr. Cloquet has had occasion to see him again several times, once ten years after, at the Industrial Exhibition, where he was employed as a keeper. No relapse of the disease of the tongue had occurred and he had since his cure enjoyed robust health.

## PRESCRIPTIONS AND FORMULAS.

ART. 5716. PULMONARY CONSUMPTION. A PRESCRIPTION OF DR. LOUIS. — To support strength, to subdue the cough and promote sleep, to diminish night-sweats, such are the threefold indications which are met by the following prescription of Mr. Louis, in the case of confirmed phthisis :



1. Take one hour before the principal meals one pill of protoiodide of iron (*Pilules de Blancard*). — After ten days increase the dose to two pills, and drink immediately afterwards a small tea-cupful of infusion of quassia, made with cold water, and not sweetened.

2. At night, or four hours after the last meal, take a pill of extract of opium of  $\frac{1}{6}$  to  $\frac{1}{2}$  grain.

3. If abundant perspiration be present, take at bed-time one or two pills of  $2\frac{1}{2}$  gr. of white agaric.

4. The diet should be generous, but not stimulating.

ART. 5717. PRESCRIPTION FOR DIARRHOEA OCCASIONED BY TEETHING. — We read in the *Art dentaire*, that Dr. Eisenmann of Würzburg, and subsequently Drs. Rœssel and Schmidt, have frequently resorted with much success, in the case of diarrhoea, so frequent a concomitant of first dentition, to the following powder :

R. Cuprisulphatis . . .  $\frac{1}{4}$  gr.  
 Opii . . . . .  $\frac{1}{4}$  gr.  
 Sacchari pulveris. . . q s.  
 M. Ft pulvis.

The powder to be taken three times a day. In the cases related by Mr. Eisenmann, twelve powders checked the diarrhoea, and restored health in the greater number of instances in which the remedy was used.

ART. 5718. MIXTURE FOR DISPELLING INEBRIETY. — Several periodicals have stated that Dr. Beck of Dantzic had discovered in a mineral paste the true antidote of alcoholic inebriety. Mr. Chevallier, who mentions the circumstance in the *Journal de Chimie médicale*, remarks that the real specific of intoxication is the acetate of ammonia, exhibited according to the formula of Mazuyer :

R. Ammoniaëacetatis. . . . 2 to  $2\frac{1}{2}$  gr.  
 Aq. cum saccharo . . . . 5 oz.

To be taken in one dose.

## ART. 5719.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — We described on a previous occasion Mr. Ollier's curious researches on the transplantation of periosteum for the purpose of generating new bone at will. This learned physiologist now forwards to the Academy a memoir in which he gives peremptory proof that detached shreds of the dura mater, inserted beneath the skin of various regions, have given rise to minute but perfectly formed bone. We may infer from this fact that the dura mater is not merely a protecting

envelope to the brain, but has a direct share in the ossification of the skull, that it secretes bony matter, and deserves to be considered by the physiologist and the surgeon, in the light of true periosteum. The plastic power of the dura mater diminishes rapidly in proportion to the growth of the subject, a circumstance which supplies us to a ready explanation for the incompleteness of local reproduction of bone in the adult after trephining.

— Mr. Laugier read a highly interesting communication on a new mode of effecting the cure of artificial anus after enterotomy.

One of the usual objects of auto-plastic surgery, and unquestionably the most difficult of attainment, is to obliterate an accidental and permanent aperture in a receptacle or an excretory duct. The most commonly adopted practice consists in converting the edges of the orifice into a bleeding wound, and to approximate them to each other, either directly, or to the circumference of a flap, generally dissected from the neighbouring regions, and brought into juxtaposition with the sinus by various procedures.

The new method now submitted to the Academy for its approbation is the transmutation of an organ, or of part of an organ, already in the progress of the disease engaged in the accidental orifice with the inner edges of which it is united. The subsequent changes it undergoes transform it into an effective and permanent plug.

In a patient aged sixty, still under Mr. Laugier's care at the Hôtel-Dieu, it was necessary to close an artificial anus, consequent upon umbilical hernia, in which mortification had taken place. The aperture was not funnel-shaped, enterotomy had placed the two extremities of the intestine in communication with each other, and the excrement was voided integrally through the natural passages, so long as exact pressure was maintained upon the artificial anus; when this was not attended to, the feces escaped entirely through the sinus; the dimensions of the latter were twenty lines at least in length by fifteen in breadth. Since the performance of enterotomy, this wide aperture was common to the two ends of the gut, and formed a cavity in which they both opened. It was filled by a very prominent mucous pad easily reducible with the finger, but which again protruded when pressure was removed.

An attempt might have been made to detach it at its circumference, all round the artificial anus, and subsequently to bring together the bleeding surfaces with suture. But in the first instance in which this bold operation was performed, the operator himself acknowledged that the successful issue was mainly due to accidental good fortune in the dissection. In order to repeat the experiment with some degree of security, it would be requisite to know beforehand the extent of the peritoneal adhesions by which the intestine is joined to the abdominal wall, a piece of information impossible of attainment.

Mr. Laugier has, this very year, proposed to remedy this ignorance by increasing the extent of these adhesions by a preparatory operation which he successfully performed on his patient, and which would be an indispensable preliminary to suture by introversion. Mr. Laugier had at first resolved upon having recourse to this kind of suture; but the sight of

the pad which filled the artificial anus suggested the idea of converting it into a real inodular plug, and to effect this transmutation he resolved upon the application of the actual cautery.

The object, in the present instance, was not to draw towards a common centre movable portions of skin or of mucous membrane, as in the case of fissure or perforation of the soft or hard palate, but to fill up a broad space bounded by an aponeurotic margin, not endowed with much mobility. The mucous membrane itself, constituting one of the chief impediments to a cure, had to be destroyed. An olive-shaped cautery was therefore boldly applied to the entire extent of the mucous protrusion, an operation which was reiterated several times, with different degrees of energy and duration. On various occasions, the cautery was even inserted into the intestine, in order to reach the mucous membrane of the cavity in the vicinity of the artificial anus. This extensive destruction of the mucous pad was followed, after removal of the eschars, by close union of its two sides. They now form a solid wall which will perhaps relieve the patient from the unpleasant necessity of wearing an umbilical truss. The cauterization was productive of no untoward symptoms, and the patient never ceased each day to take her food in the same quantity as usual.

At the upper angle of the old sinus still exists a narrow, funnel-shaped aperture, which barely admits a very small female catheter, and merely discharges, occasionally in some abundance, a fluid of greenish and frothy aspect. This excretion has been interrupted for twenty-four and forty-eight hours. The cure may be considered as nearly effected, the present condition of the patient constituting but an unimportant inconvenience, and the results are sufficient to characterize the method, and justify its author in laying down the following propositions :

1. An organ extruding from a broad sinus, adhering by its entire circumference to its inner edge, has been transmuted into a firm and thick inodular plug, thus becoming instrumental to the cure, whereas, previously to the operation, it was a complication of the fistula. Henceforward the transformation into cicatricial tissue of any organ placed in similar circumstances must be numbered amongst autoplasmic procedures.

2. This method constitutes a valuable resource in the treatment of the larger varieties of artificial anus, destitute of a funnel-shaped orifice, and even situated in the neighbourhood of the navel.

The applications and importance of these transmutations, which differ widely from the mere freshening of the lips of a sinus, will be readily foreseen. During the last fortnight, Mr. Laugier has attempted at the Hôtel-Dieu the treatment of another case of inguinal artificial anus, and he alleges a fact easy of confirmation that two applications of the cautery have reduced the discharge to one quarter of its previous amount, and have modified its nature.

We should further add that, in the latter instance, the surgeon, who had previously resolved upon cauterization for the purpose of promoting the formation of the obturating plug, dispensed with the preliminary operations destined to multiply peritoneal adhesions, an object which would still preserve its importance, when it is contemplated to resort to the



suture of Mr. Gely of Nantes, in the method founded on intestinal introversion.

— Mr. Tavignot forwarded a short paper on the radical cure of hernia lachrymalis and fistula, by the obliteration of the lachrymal passages.

This procedure, says the author, is easier than excision of the palpebra, a method he has long employed with success, but which may require to be repeated a second and even a third time. It consists in the insertion into each lachrymal duct of a platinum style; the two metallic probes should then be carried to white heat with Bunsen's pile, and thus becoming actual canteries, they extensively destroy the structure of the ducts. The eschar, which subsequently obstructs their cavity, immediately prevents the passage of the tears, and when it has fallen away, the lachrymal ducts are found to be completely obliterated.

— M. Maisonneuve describes as follows a new method for the removal of naso-pharyngeal polypus, and denominates it *palatine button-hole process*.

The deep situation occupied by naso-pharyngeal polypus, and the excessive difficulty of reaching the growth through the natural passages, have long since suggested the idea of penetrating to the pedicle of the tumour through an artificial opening made in the textures of the face or palate. Thus, in 1747, Manne divided the entire soft palate, in order to expose a polypus and seize it with greater facility; in 1840, Mr. Flaubert Jun. removed the superior maxillary; in 1849, Mr. Nélaton not only incised the velum, but also performed excision of the hard palate. These various operations have been of much service and will doubtless continue to be resorted to with advantage. Mr. Maisonneuve, however, who several times performed these operations with benefit to the patients, has ascertained their gravity, and states that sometimes they are dangerous and liable to create distressing disfiguration.

He deems it possible, by merely cutting a button-hole in the soft palate, from the posterior edge of the palatine bones to the neighbourhood of the uvula, to obtain an aperture sufficiently large to allow the surgeon to readily seize the morbid growths, drag them more or less completely into the cavity of the mouth, where they can be removed by incision or ligation. The great elasticity of the lips of the wound would much assist the operator in all the requirements of the process. Further, when the tumours are removed, the velum, the lower part of which is spared by the incision, would have a natural tendency to resume its natural shape, and one suture would amply suffice to close the artificial aperture.

In support of the proposed operation, Mr. Maisonneuve brought forward the case of a young tiler who for two years had suffered from the presence

of naso-pharyngeal polypus and in whom this plan was adopted with success. The knife was inserted behind the posterior extremity of the palatine bones, and the soft palate was divided up to within 2 lines of the root of the uvula. The surgeon then seized the polypus with a hooked forceps and drew it gently through the aperture, the elastic edges of which yielded an easy passage. The growth was thus brought from the pharynx into the mouth, and its pedicle was embraced by the slit in the soft palate; the remainder of the operation was of the utmost simplicity. With his dressing-case constrictor, bearing a looped wire of about  $\frac{2}{3}$  of a line in diameter, he seized the polypus, and after a few turns of the screw for the purpose of diminishing the size of the loop, it was gently passed through the slit in the palate so as to reach the pedicle of the tumour at its insertion into the pharynx, and the constriction having been increased to its utmost point, the polypus fell off without hemorrhage.

The operation lasted but a few minutes, and one suture was merely placed in the central part of the button-hole, with a small curved needle, borne by the new forceps invented by Mr. Charrière, the very best of needle-holders. No unpleasant symptoms followed; the wound had completely healed on the fourth day, and the patient was dismissed on the 17th August.

ACADEMY OF MEDECINE. — Mr. de Castelnau read a very interesting memoir, to which we cannot do justice in this cursory review, on the state of the laws concerning lunatics.

Whether the property or the person of the lunatic be considered, says the author, it is equally obvious that privation of civil rights is far more injurious than serviceable to him, and therefore, the law, which in the intention of its framers was destined above all as a protection to individuals, should clearly be erased from the legislation of civilized nations.

The legislator, however, says Mr. de Castelnau, had not exclusively in view the protection of individuals; he also bore in mind the interest of families and of society in general. Now, here again, the framers of the law fell into a grievous error, and overshot their aim by investing families with the right of disposing of the person and property of one of their members.

Mr. de Castelnau, in conclusion, denounces the lunacy laws as contrary to equity and to the spirit of modern civilization.

— We recorded the concluding remarks of a memoir read in June last, before the Academy of Medicine, by Mr. Reveil, on *poisoning by phosphorus*. In the name of a committee consisting of Messrs Chevalier, Devergie and Poggiale, the latter gentleman read a report on this communication, and the following is an abstract of his conclusions :

" 1. Phosphorus sets fire to the textures it comes in contact with, and may burn and disorganize them. In this case the subsequent inflammation may induce fatal results.

" 2. These symptoms are not however indispensable for the production of death by the agency of phosphorus. Thus, numerous experiments demonstrate that animals may take large quantities of phosphorus without displaying any signs of inflammation. We must, in this case, admit that the substance alluded to has been absorbed either in its elementary shape, or in the form of an acid compound.

" 3. The acids of phosphorus are not poisonous; like other powerful acids they occasion morbid symptoms when in a state of concentration only.

" 4. Phosphorus taken into the system induces various symptoms according as it is dissolved in water, or in oils, or is taken in powder or in cylinders.

" 5. In cases of poisoning, when phosphorus is sought for, it is in the first place requisite to ascertain if the suspicious matter contains any of the poison in a free state. If none can be isolated, the chemist must endeavour to produce the phenomenon of phosphorescence by Mr. Mitscherlich's method.

" 6. Phosphoric acid and the other minor acids of phosphorus should then be sought for, and their precise amount ascertained; the expert should express no opinion before having discovered the presence of pure phosphorus, or having determined phosphorescence.

" 7. The number of cases of poisoning by phosphoric pastes and lucifers has increased of late years to such a degree that the most rigorous measures are called for to remedy the evil. In the manufacture of lucifers, allotropic phosphorus, which is not poisonous, should be substituted for ordinary phosphorus."

After the report had been read, Mr. Ferrus expressed regret that Mr. Poggiale had omitted any mention of the therapeutic effects of phosphorus. This substance, said Mr. Ferrus, has among the public, and chiefly among elderly profligates, the reputation of remedying sexual frigidity. Mr. Ferrus has more than once been consulted by persons who had used internally or externally these preparations for this purpose, and he related two cases showing both the dangers consequent upon the exhibition of the agent, and its utter inefficacy to remedy impotency.

" It would perhaps have been useful," added the learned member, "for Mr. Poggiale to have laid some stress on this subject, in order to obviate the abuse some persons may be tempted to make of phosphoric compounds for the attainment of an object which can be accomplished but very imperfectly, and almost always at the expense of health and even of life itself."



Mr. Poggiale replied that the only points before him had been the toxicological questions mooted by Mr. Reveil, and this learned chemist had considered phosphorus merely as a poison. The Academy, adopting this view, resolved that the expression of its wish for the substitution of red or amorphous for white phosphorus in the manufacture of matches, should be forwarded to the minister of Agriculture and Commerce, for the consideration of the authorities.

— We have not yet heard the last of Messrs. Corne and Demeaux's disinfecting mixture. The merit of the discovery is now claimed for another. At the meeting of September 18th, Mr. Bonnafont read a paper in which he shows that the real inventor is our late respected fellow-practitioner Dr. Bayard. "In the year 1846," said Mr. Bonnafont, "the *Société d'encouragement* put up for competition and offered a prize of 80*l* for the best memoir on *The disinfection of urine and excrement*.

"Mr. Bayard, one of the candidates, forwarded an elaborate and interesting paper for which a silver medal was awarded to him.

"In this memoir, the author said the ammoniacal fermentation of urine might be obviated by pouring into the reservoir containing this fluid a layer of oil mixed with a certain amount of coal-tar or powdered soot.

"For the disinfection of solid excrement, Mr. Bayard proposed a permanent disinfectant, consisting of coal-tar mixed with clay, plaster, etc., or the following powder :

Sulphate of iron. . . . .	$\frac{1}{2}$ lb.
Ferruginous clay. . . . .	7 oz.
Plaster. . . . .	5 oz.
Coal-tar. . . . .	a variable quantity.

"The solid paste resulting from the admixture of this compound with feces is entirely inodorous."

Mr. Bonnafont, concluding that Messrs. Corne and Demeaux have merely rescued from oblivion a mixture known so far back as 1846, and invented by Mr. Bayard, demanded from motives of equity that Mr. Bayard's name should be substituted for those of these two gentlemen in the denomination of the deodorizer.

Mr. Bouley entered a protest against this proposition and remarked that previously to Messrs. Corne and Demeaux's communication no one had contemplated the disinfection of wounds. "Admitting even," added he, "that other agents of deodorization may be discovered, superior to the coal-tar and plaster mixture, it would still be to Messrs. Corne and Demeaux's original communication that we should be indebted for these further researches and results. Let manufacturers, if they choose, give the name of Bayard to the coal-tar and plaster powder, it will still continue among surgeons to bear the names of Corne and Demeaux."

## ART. 5720.

## BIBLIOGRAPHY.

*Traité pratique de la suppuration et du drainage chirurgical.* (Practical treatise on suppuration and surgical drainage) by E. Chassaignac, M. D., Fellow of the Faculty of Medicine of Paris, Surgeon of Hospital Lariboisière, etc. (1).

The most general and most frequent cause of mortality in surgery is suppuration; nor can we be astonished at the circumstance, when we reflect that, if this great pathological phenomenon constitutes alone the whole disease in a great number of cases, it intervenes as a complication or a consequence in many affections in which its participation at first was unimportant. The history of suppuration is connected with the most abstruse doctrines of pathological physiology; but we may observe at the outset that Dr. Chassaignac, in composing the work under review, did not doubtless intend to throw any new light on this aspect of the question he has undertaken to treat. Mr. Chassaignac's work will not put an end to the difference which, from Hunter to our modern microscopists, has existed among the learned on the mechanism of suppuration, on the analogical determination of pus corpuscles, on the phenomena which connect the formation of this liquid with inflammation. The author has confined himself to expounding the state of science on these mooted points. Suppuration, in these two volumes, is considered principally in its clinical point of view, the author's intention being *practically* to explain all the details of the difficult art of proper management of the act of suppuration.

The surgeon is daily called upon to apply what experience and study have taught him on this subject. He may, according to the sum of knowledge, vigilance, sagacity brought to the task, convert into benign affections very serious cases, whereas, if he does not act seasonably and by well directed procedures, he incurs the danger of formidable complications arising in the simplest cases.

Mr. Chassaignac, having attentively and sedulously studied clinically and for more than ten years the various aspects of suppuration, has thought himself entitled to embrace in the largest known circle the innumerable details the history of this phenomenon will admit.

The practical treatise on suppuration and surgical drainage is divided into three parts. In the first, the author studies suppuration in general, independently of any particular tissue or organ. The second part con-

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(1) 2 vols. royal 8vo. Victor Masson.

tains the history of suppuration considered in the various anatomical elements denominated tissues. The third comprises the description of local suppurations peculiar to each region or each organ in particular.

Mr. Chassaignac does not admit that pus may be reabsorbed, an absolute opinion that will not be shared by all surgeons. We have ourselves witnessed in Mr. Jobert's wards the disappearance of several abscesses under the influence of iodized lotions. Mr. Jobert has often alluded to the case of a man, treated in his wards at the hospital Saint-Louis in Paris for a cold abscess, and in whom the puriform collection subsequently disappeared after the cure of the disease of the bones of which it was the symptom. But if Mr. Chassaignac's bold proposition is destined to find numerous opponents, all will participate in his opinion on the practical necessity of obviating suppuration as far as possible, and, when it is formed, of affording it free issue. Linear crushing, cleansing warm abscesses after incision with copious injections, dressing by the method of occlusion are the means which Mr. Chassaignac deems the most expedient to prevent suppuration.

*Drainage* satisfies the other indication. Our readers have long known that this word, which means desiccation, is applied to the canalisation of abscesses by the insertion of fenestrated elastic tubes; we described the method in detail in an article (N° 5406), which Mr. Chassaignac has been pleased to reproduce *in extenso*.

Draining is very advantageously applied to protracted suppurations, such as are difficult to check, the peri-articular and the peri-osteic, and likewise to those which require frequent cleansing with deterrent liquids. Another suppurating affection, to which draining is very appropriate and which we could but barely mention, is *purulent empyema*.

We have lately read in an English journal that the draining instituted by Mr. Chassaignac for the treatment of puriform collections is largely and beneficially applied at the Middlesex Hospital. Among the facts pointed out to the London Royal Society of Medicine and Surgery in favour of the method, a very remarkable case of empyema was related. Mr. Chassaignac records several most interesting instances and, as this is a new and highly important result, some details of the operation will perhaps gratify the reader. The surgeon of Lariboisière proceeds as follows: he inserts a trocar, much longer than the usual instrument, into the sixth or seventh intercostal space, at the union of its two anterior with its posterior third. When the trocar has penetrated into the pleura, its point is forced from within outwards through the same intercostal space, so as to comprise a tegumentary bridge of two breadths of a finger in length. Two steps will much assist the operator: 1. incision of the integument with a lancet prior to the insertion of the trocar; 2. the use of a curved trocar, which facilitates the egress of the instrument. When the canula of the trochar has been conveyed to its proper situation, it serves as a conductor to the elastic loop which is to remain stationary in the shape of a perforated seton. A precaution to be taken in establishing loop-shaped draining-tubes consists in not leaving too great an interval between the orifices of ingress and egress of the trocar; otherwise the tube might be tightly stretched like a rope, and its presence would be



calculated to injure the lungs. Upon the whole, in empyema there are two modes of placing the draining-pipes. In the first which Mr. Chassaignac has employed in several of his patients, the surgeon causes the tube to penetrate into the pleura in a predetermined point of the sixth or seventh intercostal space, and to issue at a more or less great distance from the spot at which it entered, about  $2\frac{1}{2}$  to  $2\frac{3}{4}$  inches for instance, along the course of the intercostal space. In the second mode, he operates in the same manner, with this difference only that the two orifices are much closer to each other, the distance between them being but  $1\frac{1}{4}$  to  $1\frac{1}{2}$  inches. The operator finds in this modification a *great* advantage, viz. that the tube, becoming the chord of a smaller arc, is much less liable to injure the lungs.

One of the most prompt and remarkable effects of this mode of treatment is the very rapid cessation of the alliaceous odour peculiar to purulent discharges of the pleura after incision. Another effect is the rapid and evident collapse of the thoracic parietes of the side which has been drained of its contents, the falling in being subsequently filled up, incompletely it is true, by the gradual expansion of the lungs in the places lately occupied by the puriform liquid. A third result is the complete and prompt recovery of general health. Later, we may note as a fourth sequence a progressive diminution of the suppuration, and a definitive desiccation of the latter, which may be followed by final removal of the drainage-pipes.

One of the modes of introducing the tubes into thoracic sinuses is the following: the tube is bent and tightly stretched on the forked extremity of a tent-probe; when the instrument has penetrated into the pleura, one of the extremities of the tube is released, and its elasticity carries it rapidly into the interior of the chest, the tent-probe acting like a pulley. The conductor is then withdrawn; the other end of the tube is allowed to hang outside and serves as a drain to the puriform matter.

The second part of Mr. Chassaignac's work treats of suppuration in different tissues; an excellent chapter is devoted to the suppuration of cellular tissue. After having delineated from documents, derived from his personal experience, the history of diffused phlegmonous inflammation, Mr. Chassaignac gives a further sanction to the practice of extensive incisions in an early stage of this insidious disease.

The third part comprises an entire volume which is filled by the history of suppuration and draining in the organs. Innumerable clinical cases, presenting all the varieties and degrees of disease which the practitioner may meet with, are collected here. There is not a region which the author has not thoroughly studied; there is not a chapter in which the surgeon may not find a lesson, a precept, applicable to some of the manifold forms of the suppuration of the organs.

## ART. 5721.

## MISCELLANEA.

— The Statute of Limitations in France, as applicable to the fees of medical practitioners grants but the space of one year. Article 2272 of the Civil Code, allows them but this time to claim fees due; the year over, the debtor has a right, not to deny the legitimacy of the debt, but to refuse payment. Now, does the limitation begin from the first or last day of the disease, or the day the fees are claimed of the patient or of his heirs or assigns? Of this problem no definitive solution has yet been given. In this state of uncertainty, it is important to collect individual judgments, which may throw light on a question not without its importance to the medical profession, and we will therefore state a case lately brought before the Imperial Court of Toulouse under the following circumstances :

Dr. Atoch had attended six months consecutively, for one and the same disease a Mr. Vidal, until the death of the latter, which event occurred the 18th December 1855. After repeated and fruitless applications to the family, Dr. Atoch summoned, on the 15th December 1856, Mr. Vidal's heirs, who pleaded limitation for all the attendance previous to the 15th December 1855. The Tribunal of Toulouse decided, on 2nd May 1858, that the plea set up by the heirs to the physician's demand was founded in law, and that Dr. Vidal could claim no fees for attendance on Vidal, but for the two or three days which elapsed from the 15th to the 18th December 1855. Mr. Paul Andral, an eminent counsel, was consulted, and the *Union médicale* published his opinion, which was that the judgment delivered by the court was an error of interpretation, to which he opposed this doctrine : that as long as the illness lasts, and the medical adviser attends, limitation does not begin; it commences, when the illness ends in one way or another, or when the medical attendance ceases.

Dr. Atoch appealed to the Imperial Court of Toulouse, which confirmed in all points the doctrines advanced by Mr. Andral. We publish in substance the recital of the judgment.

If, by the terms of the Articles 2272 and 2274 of the Code Napoléon, the year's limitation affects debts, claimed by medical practitioners for *visits* paid by them to their patients, neither the letter nor the spirit of the law contains the absolute obligation to interpret the word *visits* in a rigorous and restrictive sense to each of the interviews which may take place between the patient and medical practitioner called in; and to decide, without taking into account the omission in the article 2274 of this same word *visits*, that each one is the starting-point from which must inevitably run the time required to arrive at the limitation.

... If some examples may be cited of the word *visit* taken in the narrow sense adopted by the judgment appealed from, an interpretation so severe has been almost unanimously appealed from, and a spirit of equity would demand that isolated visits, accidental and ephemeral consultations, should not be confounded with daily attendance on patients, the uninterrupted course of which constitutes by its continuity what is called the *treatment of the disease*, and which must, in its entirety be considered a multiple fact in its divers phases; to decide otherwise and make the delay of limitation begin from the first and not the last visit, would in some measure be derogatory to the dignity of the profession, the consideration often imposed on medical gentlemen by the delicate position in which they may be placed, and reduce them in the end to the unpleasant alternative of committing themselves to a confidence, sometimes deceived by forgetful patients and ungrateful heirs, or of displaying undue harshness.... Such exigences must certainly appear to the extreme susceptibility of patients, inspired by the prevision of approaching death, or by a distrust, so much the more offensive that it might sometimes be well-founded; and, if some judicious minds are induced to adopt the latter system from the fear that the contrary theory might lead to the inconveniences which the legislator wished to avoid, when he submitted certain debts to the limitation *brevi tempore*, these apprehensions cannot be justified in what concerns debts of the nature of that now under the consideration of the court.

"Thus in the case of ordinary illness, from the day of the cure or of the death, a year elapsed is sufficient to liquidate the debt, and in case of chronic diseases and of attendance while they last, the usage generally adopted of the settlement of accounts at the end of every year may always be victoriously pleaded to abusive demands.

"Considering, in fact, that Vidal was attended by Dr. Atoch during the last ten months of his life; that the disease ended in the death of the patient on the 18th December 1855; that the legal demand was made the 15th December 1856, and consequently within the delay of one year granted by the law.... the Court reverses the judgment of the Tribunal of Toulouse,... declares valid Dr. Atoch's action for the payment of the medical fees due to him for treatment of the disease of Vidal for the ten months that preceded the day of his decease, etc...."

The spirit and principle which dictated this judgment will henceforth we trust, guide the courts which may have to decide on these much to be regretted conflicts.

— Is it sufficient for a *pharmacie* (dispensing chemist's business) to be carried on by a qualified apothecary, and can the ownership, separated from the management, be vested in any other person? This has hitherto



been admitted in principle by the Imperial Court of Paris and likewise, it would seem, by the administrative authorities. But in precedents, the case of the manager, a qualified apothecary, merely lending his name was excepted. A decree of the *Cour de Cassation* of 23rd June last, has annulled this distinction and has decided that the owner as well as the manager is required to have an apothecary's diploma, and that a medical practitioner, for instance, cannot be the owner of an apothecary's shop, even though he should cause it to be carried on by a duly qualified apothecary.

— At the meeting of the *Société de Chirurgie* of Oct. 5th, M. Chassaignac related the following case :

A man, aged twenty-four, was wounded in the foot, by the discharge of his gun which he imprudently carried, the barrel downwards and pointing to his toes. The second toe was altogether blown away, and injury was also inflicted on the first and third. During the thirteen days which followed the accident, the wounds were covered with simple dressings, and on the fourteenth, the patient was removed from Poissy to Montmartre, a distance of about 15 miles. The next day, the wound became tender, and much pain was complained of in the temporo-maxillary regions, more particularly on the right side. On the seventeenth day the presence of confirmed tetanos could no longer be doubted; chloroform, opium, musk had unavailingly been resorted to, and the symptoms had acquired a most alarming degree of intensity, when Mr. Chassaignac first visited the sufferer, nineteen days after the injury. Confirmed trismus existed; the orbicularis palpebrarum on both sides, and also the muscle of the neck and chest, were in a state of violent contraction; respiration and deglutition were all but impossible; the temperature of the body was low, the face was pale and asphyxia seemed imminent.

Under these unfavourable circumstances, a four-ounce mixture, containing 2 gr. of curari was prescribed, and a table-spoonful was exhibited every two hours, the wound, at the same time, was fomented with cloths dipped in a watery solution containing 4 gr. of the same drug. Respiration became easier after eight hours treatment, sleep returned on the third day, and the muscular rigidity gradually yielded. The dose of the remedy was gradually increased to 5 gr. in the 4 oz. mixture, and the patient has since completely recovered.

— In the *Gazette des hôpitaux* we find an interesting summary of the opinions of Dr. Casper, professor of medical jurisprudence at the University of Berlin, regarding protracted gestation. Dr. Casper considers illegitimate, all births which take place after 300 days. But he introduces, a novel mode of computation, which would seem likely to reconcile many apparent discrepancies. Cederschjöld was the first to remark that the intervals between the menstrual periods vary according to the

peculiar organization of females ; thus the menses most generally recur every 28 days ; but 20 or 30 days are not unusually observed between the catamenial epochs ; in the first instance, pregnancy would last  $28 \times 10$ , i. e., 280 days, in the second 290, and in the third 300 days. To illustrate this position, several cases are adduced, in which ten lunar months, varying from 275 to 300 days, according to the ascertained duration of the catamenial interval, elapsed between insemination and parturition.

— The following extract from Mr. Bertherand's interesting letters on the Italian campaign, points out the use of adulterated spirits as a fruitful cause of illness in the French army :

“ The art of adulterating wines, ” says Dr Bertherand, “ was doubtless invented by sutlers, desirous of evading the cost and risks of carriage.

“ The following is the recipe for the fabrication of cheap but unwholesome wine : Water from a neighbouring ditch, alum, beetroot juice, cornspirit, of each quant. suff. according to the liquid and vintage in demand, mixed up in an old cask. ” It is difficult to imagine a more expeditious or economical way of preparing *rosy wine*.

— For more than ten years past France had no longer any constituted body of men devoted to ethnological researches, and notwithstanding the creation of an anthropologic museum at the Museum of Natural History, investigations of this kind do not enjoy that general favour which protects them in England and America. A great number of works, valuable by the extent of their investigations and the splendour of their graphical illustrations, have been published within these last few years in both countries. At present French *savants*, who interest themselves in these curious studies, will find a centre around which to group their labours. A *Society of Anthropology* has just been founded in Paris, and provisionally will hold its sittings in the hall of the Society of *Biology* at the *École Pratique*.

— The *Bulletin de la Société de Médecine* of Ghent records that the Lunatic Asylum of Indiana (United States of America) received, during the last ten years, 80 individuals whose intellects had been deranged by drunkenness, 126 whose brains had been disordered by religious excitement, and 54 individuals whose imaginations had become diseased by the performances of the spirit-rappers.

## ART. 5722.

*Ourari in tetanus. — Dysentery. Perchloride of iron; muriatic acid; alum; application of blankets upon the abdomen. — Epilepsy; selinum palustre (marsh milk-parsley). — Remarks on expectation in pneumonia.*

The attention of the medical profession has been wholly devoted for this last month to ourari. Communications to learned societies, correspondence of the press, criticism now conveying doubt, now hope, all attests that the application of ourari to the treatment of tetanus is the chief preoccupation of the day.

And yet two cases only, contradictory to each other, it is true, have been added to that which Mr. Claude Bernard communicated to the Academy of Sciences in the name of Mr. Vella of Turin (Art. 5706). At the Hospital of *La Charité*, Mr. Manec unsuccessfully tried the new remedy on a patient, whose history will be found under the head of *Learned Societies*. As a set-off, Mr. Chassaing laid before the Society of Surgery an instance of emprosthotonos, the cure of which he ascribed to ourari; we briefly noticed it in our last Number, but we deem it deserving of fuller detail.

On 1st September 1859, a young man aged 24, while resting the muzzle of his gun upon the extremity of his right foot, inadvertently pulled the trigger and discharged the shot into the second toe. Although the charge did not scatter, but produced the effect of a bullet and carried off the whole of the second toe as completely as if it had been removed with the knife, the dorsal aspect of the first toe also suffered longitudinal abrasion, and the basis of the third presented on its upper surface an oblique division of the skin of the dimension of a six-penny piece. The latter abrasion was, from the first moment of the infliction of the injury to the period of cicatrization, the seat of great pain. The wound, at first simply dressed, presented no extraordinary phenomenon up to the fourteenth day, when Dr. Tahère, a medical practitioner of Saint-Cloud, having been summoned, found the patient well enough to be con-



veyed from Poissy to Montmartre, the residence of his family. The following day, the 15th, the wound became very sensitive; violent pain was also present in the temporo-maxillary region on the left side. On the 17th, the muscles of the face, maxillæ and neck became stiff, and frictions with a mixture of chloroform, and "*baume tranquille*," were prescribed, and opium and musk internally. The 19th, confirmed lock-jaw was ascertained to exist, with the peculiar sardonic aspect of the face, violent contraction of the muscles of the chest and abdomen, great difficulty in swallowing, and imminence of apyxia. Drs. André and Tahère, although anxious to exhibit ourari, were unable to procure any. In the afternoon of the 19th, Dr. Chas-saignac, who was called in, found the patient in the following state :

Deep wrinkles between the brows, the palpebral aperture was reduced to a mere slit, the nares were much dilated, and the jaws were locked by intense trismus, the mouth admitting but the end of a wooden peg, which was intentionally left between the teeth. The muscles of the neck, thorax and abdomen were extremely rigid; those of the limbs were equally contracted. *Emprosthotonos* existed with impending asphyxia; the face was pale, the extremities cold. Wound very painful, with edges raised towards the sole of the foot, discharging an abundant and fetid suppuration. No excretion of urine for twenty-four hours; the bladder, however, not distended. Prescription : a mixture containing  $1\frac{1}{2}$  gr. ourari to 4 oz. gum-water, to be taken hourly in table-spoonfuls, the wound to be sprinkled every two hours with a solution of 3 gr. ourari in 7 oz. distilled water, and to be covered over with lint.

The first spoonful of the medicine was administered at 7 o'clock P. M. and at the same time, the solution was first applied to the wound. About the eighth hour of this treatment, i. e. at three o'clock in the morning, the patient told his brother that the piece of wood placed between his jaws was looser, and that he breathed more freely. The 20th, decided amendment in every respect. The 21st, the patient slept repeatedly. The tetanic rigidity had decreased at almost all points, except on the sides of the chest and the front of the abdomen, which still preserved

extreme hardness. The ourari potion ( $1\frac{1}{2}$  gr.) was continued. The strength of the solution for external use was increased from 3 to 5 gr. Each day the entire of the two phials was used. Up to the 24th, no new occurrence was observed and the same prescription was made. On the 25th, the tetanic symptoms having returned with greater intensity, the dose of ourari was raised from  $1\frac{1}{2}$  to  $2\frac{1}{4}$  gr. for the mixture, from 5 to 6 gr. for the solution, to be used in the twenty-four hours. The night of the 26th was bad. The tetanic contractions were violent and painful. But in the day, a fresh improvement was manifested. The relaxation of the contracted muscles was evident; the patient was able to raise the wounded limb, he drank from the cup, etc. The same doses of ourari were continued. On the 27th, a slight relapse of the tetanic state being noticed in the vicinity of the abdominal region, no change was made in the prescription. Profuse perspiration. The patient took beef-tea; on the 28th, his condition was more satisfactory. The surgeon, fearing that the external solution had lost its efficacy in consequence of the forward state of cicatrization of the wound, the dose of ourari in the mixture was increased to 3 gr. From 29th September to 2nd October the trismus gradually relaxed; the wound was almost closed. Mixture with 4 gr. ourari. On the 4th decided convalescence set in, and on the 7th the recovery was complete.

The above is certainly a fortunate case; but was ourari really instrumental in the recovery of the patient? The point has been contested. Messrs. Legouest and Verneuil expressed surprise that Mr. Chassaignac had thought proper to administer ourari internally, physiological experiment having demonstrated that this substance, ingested into the stomach, exercises no action on the system. It appeared to them that sprinkling a suppurating wound, dressed with lint, the indeterminate extent of which each day decreases by the progress of cicatrization, was a process destitute of the precision, necessary to a correct estimate of the amount of ourari absorbed in a given time. Injection into the subcutaneous cellular tissue, as practised by Messrs. Manec and Vulpian, was, according to Messrs. Legouest and Verneuil, the sole method of exhibition, fitting

for such an agent. This serious objection was again raised at the Institute by Mr. Velpeau. The eminent professor of La Charité did not deem Mr. Chassaignac's case more conclusive than Mr. Vella's, and he seemed inclined to believe with Mr. Verneuil, that it was one of those instances of tetanus primitively chronic and intermittent, the spontaneous cure of which is not impossible.

Mr. Velpeau's authority is too weighty, in all questions of surgical therapeutics, to admit of our discussing the absolute opinion expressed by him on the case we have related. Reserve is moreover especially legitimate in the case of tetanus and of an agent such as ourari. But it were a fault to carry circumspection too far in such a matter, and we should not discourage sagacious and prudent experimentalists by a predetermined resolution systematically to deny or to question the value of the favourable results, which may crown their efforts.

We have much to learn on ourari, its mode of preparation and its energy, according to the freshness, more or less great, of the substance. As our respected master, Professor Thibeaud of Nantes, has remarked in a letter, addressed to the *Gazette hebdomadaire*, the doses of ourari should perhaps be increased, making allowance for the extraordinary facility with which certain medicines are tolerated in tetanus. The entire question is novel and requires serious inquiry; we should therefore persevere and await the result of further experiment. We cannot, therefore, too highly applaud the discretion shown by Mr. Vulpian, in an article quoted by the above mentioned journal on the treatment of tetanus by ourari.

After having related the unfortunate case of the patient of La Charité, and demonstrated that the ourari used enjoyed its full power of action, the author adds that failure on this occasion, is not a sufficient motive for proscribing all further attempts of the same kind. "The trial we have made" says Mr. Vulpian, "will serve for the guidance of perhaps more fortunate experimentalists." Far from sharing the unfavourable opinion expressed on sprinkling the wound with a solution of the active substance, Mr. Vulpian thinks, in future, observers should place themselves precisely in the same conditions as Mr. Vella. The appli-



cation of ourari to the wound itself perhaps exercises great influence on the results. Who knows whether ourari does not, perhaps, act on the bruised, strained or lacerated nervous extremities like sulphate of atropia, so as completely to suppress the irritation which, arising in the wound, is thence propagated to the central nervous system?

Mr. Vulpian takes little account of the primitive idea, which originally induced various French and foreign medical practitioners, and especially Mr. Thibeaud of Nantes, in 1856, to recommend ourari for the cure of tetanus. The cure with ourari of the symptoms of poisoning by strychnia, appears to him far from proved. Convulsions in frogs poisoned by strychnia are, it is true, checked; but it is because these animals are placed in a state of apparent death by ourari. If this poison cures lock jaw, it is by acting on the sensitive and not on the motor nerves, as it is supposed to do in Mr. Bernard's classical theory. In this respect, Mr. Vulpian manifestly differs from Mr. Thibeaud, who cannot consent to allow a blind and vulgar empiricism to justify the use of ourari in the treatment of tetanus; but both are agreed that henceforth the physician should unhesitatingly test a therapeutic agent, which seems perfectly innocuous when employed with intelligent precaution.

— Dysentery, which is still prevalent in Paris and the country, derives from the state of public health of each place a peculiarity, which must occasion a corresponding variety of medication. A treatment, which succeeds marvellously in one epidemic, utterly fails in another apparently similar. The disease does not proceed in the same manner in different localities attacked at the same time. Thus recently, in the Department of the Gironde, dysentery, like other prevalent diseases, became complicated with periodic symptoms which in some cases assumed a malignant character. Here the complaint is connected with a gastric derangement, there it is a colitis entirely inflammatory; but this form is the least common, which explains why blood-letting in general weakens patients without any corresponding advantage.

In Paris, Mr. Blache has found the use of ipecac. and

Rochelle salt beneficial with children. At the military hospital of the Roule, recourse has been had to turpentine and perchloride of iron. We have lately had occasion to observe at Bordeaux, in a patient treated by Dr. Paillou, the salutary effects of muriatic acid and perchloride of iron combined in the following manner :

R. Acid. muriat. . . . .	}	15 gr.
Ferri sesquichlorid. . . . .		
Aquæ flor. aurant. . . . .	}	2 oz.
Syrupi. . . . .		
Syrupi papav. . . . .		1 oz.

F.S.A. To be taken in table-spoonfuls every two hours and during convalescence a spoonful before each meal.

The Brussels *Journal de Médecine* contains a paper in which Dr. Valerius, giving an account of an epidemic of dysentery prevalent at Arlon in 1857, mentions, as having been attended with the most beneficial results, alum, already recommended by Mr. Hamon. Administered in enemas, alum constitutes a really valuable remedy. But the irritant action of this agent must be tempered by the adjunction of starch, opium and valerian. Mr. Valerius prescribed :

Aluminis . . . . .	2 to 3 dr.
Extr. Valerianæ. . . . .	1 dr.
Laudan . . . . .	15 m.
Amyli . . . . .	1 oz.
Decoct. althææ . . . . .	16 oz.

for two enemas to be taken in twenty-four hours.

The internal treatment, which Mr. Valerius combined with the use of the alum enema, he varied according to the form of the disease. To contend with thirst, an inconvenient symptom of dysentery, the physician resorted to infusions of rice, dandelion, liquorice and to albuminous water, edulcorated with sirup of quince. In the early stage of the affection, and in the case of colics and uncomplicated diarrhœa, he ordered every two hours a table-spoonful of a mixture containing : to 4 oz. mucilage of salep-root, 30 m. Sydenham's laudanum,  $\frac{1}{2}$  dr. extract of

calumba or rhatany and 1 oz. sirup of quince. If the colics or diarrhœa were complicated with gastric derangement or vomiting, Mr. Valerius exhibited every two hours, in sirup of quince, one of the following powders : trisnitrate of bismuth about 1 dr., opium in powder 3 or  $4\frac{1}{2}$  gr., white sugar  $\frac{1}{8}$  oz. to be mixed and divided into 12 equal parts. For debilitated patients, or when diarrhœa persisted without intensity, Mr. Valerius added to the foregoing mixture 1 dr. extract of yellow bark, and he allowed food with much reserve.

In a preceding Number (Art. 5700), we solicited the attention of our readers to the use of solanæ in dysentery, to check tenesmus. Mr. Leclerc of Tours resorts in similar circumstances, to the extracts of belladonna and datura applied in the shape of a plaster. Mr. Hamon, whom we have already quoted, writes to the *Bulletin de Thérapeutique* that he has long been in the habit of using, to subdue the pain, the *solanum tuberosum*, which provident nature seems to have placed at the disposal of the practitioner, at the period at which he may ordinarily be called on to avail himself of its assistance for the relief of necessitous patients.

Nothing can be more simple than the use of this medicinal substance. A concentrated decoction is prepared with the green parts of the plant and is applied in fomentations to the abdominal parietes. This epithem, which Mr. Hamon has used a great number of times, has always procured immediate and considerable relief to the abdominal pain.

But this is but an auxiliary ; the real treatment for dysentery is the substitutive, and among the agents of this medication, Mr. Hamon gives the preference to alum administered in enemas. He prescribes it in doses of 15 to 45 gr. for infants, from 1 to  $2\frac{1}{2}$  dr. for adults in quarter-enemas reiterated two or three times daily, if necessary. Mr. Hamon does not say whether, like Mr. Valerius, he adds narcotics to these enemas ; but as the narcotic is not incompatible with the substitutive medication, it may be inferred that these two classes of remedies are, unless prohibited by particular counter-indications, combined in the method alluded to.



To conclude on a question of too enduring an interest, we would notice a letter, addressed to the *Gazette des Hôpitaux*, in which Dr. Helye, of Romans, calls the attention of his fellow-practitioners to an indication of treatment for dysentery, the importance of which appears to him to be too frequently disregarded. This indication is heat.

The attentive observation of more than a thousand cases has proved to Mr. Helye the accuracy of the two following propositions :

“ I. The cause of dysentery is relative cold, acting on the intestines in various modes. Thus we have :

“ 1. Chills caused by the outer temperature in autumn (*post æstus nimios, alvi fluxus, dysenterix*);

“ 2. Chills due to *applicata*, when, for instance, the abdomen comes into contact with cold water, cold air, the ground (when a man lies flat on the ground);

“ 3. Finally, cold almost immediately applied to the large intestine, by ingestion into the stomach of cold or iced food or beverages.

“ II. If *cold* begets dysentery, *heat* cures it. ”

In the hospital, Mr. Helye has often ascertained the difference of the results obtained, according as the abdomen is well covered or not.

“ Cover the abdomen, ” says the physician, “ cover it much, cover it too much, cover it still, such is the treatment for dysentery. If the thickness of five or six woollen blankets is insufficient to check the colics and intestinal discharge, put on ten, fifteen.... It must be understood that the abdomen alone is to be thus enveloped; the rest of the body retaining its usual coverings. ”

Ipecacuanha and saline aperients, at times so useful in dysentery, are not rejected by Mr. Helye, but he considers them as mere adjuvants to heat.

— One of the practitioners most successful in the treatment of epilepsy, Dr. Herpin, of Geneva, has for some years past, brought into favour several medicines, which he has exhibited in that disease with more discrimination than his predecessors. Among these we may notice seli-

num palustre, on which our learned fellow-practitioner has published this year an interesting paper. (1)

We might have spoken earlier of this therapeutic agent, but with Mr. Herpin there is no disadvantage in waiting, and thanks to his kind communications, we can now, better than two months since, usefully enter on the subject.

Selinum palustre, which was at first at the head of the list of anti-epileptic medicines, drawn up by Mr. Herpin, has, in time, given precedence to oxide of zinc, ammoniacal sulphate of copper and to valerian. From the first rank it has fallen to the fourth, but the fall does not destroy its future value. It is but a relative inferiority, and there are certain cases in which selinum palustre succeeds, when its three more powerful rivals utterly fail. This little umbelliferous plant therefore still preserves some value, and as in many places it is always at hand, we cannot refuse it a place in this *Journal*.

Every medicinal plant has its history, and that of selinum is very short. "In 1818," says Mr. Herpin, "the question of popular remedies, in Russia, was mooted at the Physico-medical Society of Moscow. Dr. Trinius took the opportunity of speaking of a treatment for epilepsy, which came under his notice in the following manner: He had been summoned in 1806 to attend the Lord of Illens, in Courland, who informed him of the success, which a peasant of the crown-lands had obtained in epilepsy, by means of a plant growing in the neighbourhood; this nobleman showed him one of his peasants cured by this remedy, and whom Dr. Trinius had known to be epileptic. The attempts made by the medical gentleman to obtain, for money, communication of the secret remedy, utterly failed. Subsequently the Russian physician, after having in vain contended with epilepsy in one of his clients, resolved on sending him to the peasant, who succeeded in effecting a cure, as he had previously done with several others, a fact well-known to Trinius. The patient had promised his physician to steal the secret from its possessor, but he could not keep his word; all that he

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(1) A pamphlet, 8vo. Baillière.

could tell was that, a little before the usual period of his fit, the countryman administered to him every evening, in a glass of common brandy, a powder, the odour and taste of which were concealed by the spirit. The expected series of attacks did not occur and was replaced by vertigo. The patient was allowed to repose till the following paroxysm, when the remedy was exhibited as on the previous occasion, but in increasing doses; it induced in the night copious perspiration. The fit did not make its appearance and no relapse took place.

A year later, Dr. Trinius was in possession of a root, stolen from the peasant, fresh enough to be put into the ground and to produce a plant, which, examined by a botanist, proved to be the *selinum palustre* of Linnæus.

In France Messrs. Mérat and Delens have designated the *selinum palustre* by the name of *peucedanum palustre*. It is, as we have said, an umbelliferous plant, which grows in the marshy meadows of the North and East of France, and especially of the Jura, where it is known by the appellation of *encens d'eau* (water incense).

Mr. Herpin first began to employ it in 1832, and for this purpose he made use of the powdered root, although, in his opinion, the seed may possess analogous medicinal properties. The powder, prepared with the root recently gathered and dried in a drying-stove, is of a grey colour, bordering on yellow, aromatic odour and pungent taste, which diminishes by desiccation and is developed after a few moments' mastication.

In the treatment of epilepsy, Mr. Herpin is in the habit of prescribing his medicines in weekly doses. For youths and adults, the first weekly dose of selinum is 1 oz., divided into twenty powders; three of these are exhibited daily, an hour before each meal or the last on retiring to rest. If the patient should complain of colics or diarrhœa, the number of powders is reduced for that day to two and even one; on the following day the three powders may almost always be resumed.

The weekly increase must be of  $\frac{1}{2}$  oz. and pursued until it has reached 4 oz., a dose which will be attained at the seventh week, if there has been no interruption in the progression. For the eighth hebdomadal period, the dose may



be carried to about  $4 \frac{1}{4}$  oz. If, during the ascending period, gastro-intestinal disturbances were renewed more than once a week, the same dose should be repeated the following week. This is seldom requisite, and it is still more unfrequent to be compelled, by the persistency of the accessory indisposition, to diminish the dose by  $\frac{1}{2}$  oz.

The maximum dose should be continued for six weeks in a regular course of treatment in which, in three months,  $2 \frac{1}{2}$  lb. selinum powder will have been taken. We shall subsequently notice the after-management.

In childhood, from seven to about thirteen years of age, it is found expedient to begin by the hebdomadal dose of 5 dr. and to increase it weekly  $2 \frac{1}{2}$  dr.; in nine weeks the dose of  $3 \frac{1}{4}$  oz. will have been attained; and pursuing it for five weeks longer, nearly 2 lb. will have been administered.

For younger children, Mr. Herpin guided by analogy, proposes  $2 \frac{1}{2}$  dr. as the incipient dose, 1 dr. as the progression, 12 dr. as the maximum; hence from  $\frac{4}{5}$  lb. to 1 lb. would be used in three months.

This powder can be easily taken, mixed in a sirup diluted with water.

How long should the selinum be exhibited at the maximum dose, or in other terms, what total quantity should be taken before the medicine is given up as useless, when its beneficial effects are not manifested? By discontinuing the remedy too soon, the patient is exposed to relinquish it just at the time it was about to produce benefit; by protracting its use too long, much valuable time may sometimes be lost, which might perhaps be more advantageously devoted to some other medication. It would appear from Mr. Herpin's notes on this subject that, if in exceptionally favourable cases, the fits had been suppressed, when patients had taken from  $\frac{3}{4}$  lb. to  $1 \frac{1}{2}$  lb., it was in general requisite, in order to attain that end, to have administered from 2 to  $2 \frac{1}{2}$  lb., and even in two cases, the attacks did not cease till after  $3 \frac{1}{2}$  lb. had been taken. By following the progression traced out in the posology, the amount of  $2 \frac{1}{2}$  lb. will be attained in about 3 months, and  $3 \frac{1}{2}$  lb. in four months. These two terms will serve as a rule in adults; the first for cases consi-

dered favourable from the small number of previous seizures and the recent date of the disease ; the second, for those of a prognosis rendered less hopeful by the contrary circumstances. For children, the proportional quantity will be easy to find, by what has been said of the doses to be prescribed.

When, after three or four months' use of the selinum, the fits continue, but at intervals more and more remote, or with an evident decrease of intensity, the treatment should be continued while the improvement lasts. The remedy may be changed when the disease remains stationary. In case of success, the best means of preventing relapse is to continue the treatment, at its maximum dose, for a length of time equal to that which was required to reach it. A greater quantity will thus be necessary for the consolidation of the cure, than was requisite for the suppression of the attacks. To avoid relapse, the treatment must never conclude either with decreasing or intermitting doses.

But we repeat that selinum palustre is, properly speaking, but the succedaneum of the three agents before mentioned, a valuable substitute however, which, according to Mr. Herpin, may be beneficially employed, not only for epilepsy, but also in the treatment of more or less similar forms of nervous disease.

— Mr. Beau's lecture, which we published in our September Number (Art. 5695), and which especially treats of blood-letting and expectation in pneumonia, has given rise to strong reclamation. Criticism has sprung up from various sources. The *Gazette des Hôpitaux* has recorded on this subject, a sort of protest from Dr. Bole, of Castelnau-dary, which recalls in opposition with Mr. Beau's remarks, the practice and lectures of Professors Chomel, Rostan, Andral and Bouillaud, our old masters ; his own experience, which has shown him, for the thirteen years of his practice, the constant success of repeated blood-letting and of large blisters ; and finally the sanction of the most remote ages, confirmed by all the eminent observers of modern times.

Mr. Beau's ideas have not met with a better reception

at Montpellier. Dr. Girbal criticises them with great severity in an article of the *Montpellier medical*, of which the following is the peroration :

“ It will have been seen that paradox and Mr. Beau proceed hand in hand. Full of sagacity, but rather adventurous, in quest of innovation, he at times alights on a just idea, which he opportunely seizes, fashions to admiration and happily takes advantage of; at times, he too easily substitutes the resources of subtle dialectics for the severe data of observation. In this manner he now exaggerates the part, too hypothetical in certain respects, of the corpuscles and fibrin of blood in their relation to inflammation and bleeding. He disregards too much the utility, so evident however, of the latter for inflammation and hyperæmia, the prelude and inseparable concomitant of the plastic acts of phlogosis. Is not blood-letting eminently adapted to reducing the abnormal excess of vital power or hypersthenia, and the febrile effervescence, of which inflammation is the cause or effect, and which often constitutes its principal danger? It is by this double influence that it promotes the gradual subsidence of morbid action, and secures efficacy to the curative efforts of nature. If Mr. Beau had confined himself to maintaining that many medical men exaggerate the advantages of blood-letting in pneumonia, that the debility, induced by venesection, is prejudicial to resolution, and protracts convalescence, that even the most confirmed phlegmasiæ are far from requiring the use of bleeding and leeching at all their stages, that they are often formally counter-indicated, etc., we should have applauded his language; but the distance is great between these statements and his affirmations and practice. ”

Finally, as the skilful and *adventurous* physician of La Charité had allowed in the cure of pneumonia a large share to nature, homœopathy could not remain silent in presence of a doctrine, which invokes the results of Hahnemann's method in favour of expectation. One of the most eminent representatives of this school, Dr. J. P. Tessier, applied himself to demonstrate, in the *Art medical*, that the statistics of Dietl, subjected to the control of experiment in Holland and within the walls of the hospital of



Vienna itself, did not resist the test. Pneumonia cannot therefore be abandoned to the unaided efforts of nature, and twelve years' practice has convinced Mr. Tessier that the treatment of this disease by Hahnemann's method is evidently, and more constantly efficacious than the treatment of intermittent fever by sulphate of quinine.

It may not be devoid of interest to remark here, that Messrs. Bole, of Castelnaudary, and Tessier, have obtained the same satisfactory results, by means totally dissimilar, and this, on both sides, in a ten or twelve years' practice. But we have not assumed the responsibility of Mr. Beau's *temerities*; nor will we undertake to reconcile the contradictory statements of his opponents. We shall confine ourselves to saying, with a much lamented medical practitioner, Mr. Legendre, that two species of pneumonia exist, a truth already admitted by the ancients; that the prognosis of these two species differs *in toto*, catarrhal pneumonia being a very serious disease, while the inflammatory form cures almost invariably. For the prognosis and treatment of pneumonia, all is reduced to a question of diagnosis. If you have to deal with inflammatory pneumonia, you may be almost certain of success, method of treatment soever be employed; but such is not the case if the physician has to contend with the catarrhal form; he must then appeal to *all* the resources of art, to carry to a successful issue a disease, the cure of which presents so much difficulty.

## ART. 5723.

## HOTEL-DIEU.

(Professor Trousseau's clinical wards).

*Simple ulcer of the stomach. — Diphtheritic paralysis.*  
— *Necessity for the administration of food in certain forms of acute disease.*

Mr. Trousseau pointed out, as highly deserving of attention, the case of a woman aged forty-one, at present

lying in the salle Saint-Bernard, who suffers from a disease, hitherto imperfectly known, and designated by Mr. Cruveilhier by the name of *simple ulcer of the stomach*.

In her youth, the patient had bleeding hemorrhoids, a circumstance not common in France before the cessation of the menses. Somewhat later, the hemorrhoidal discharge was replaced by weekly attacks of hemicrania, which continued up to last year when the patient became pregnant. But a miscarriage took place, the woman having during gestation suffered much from destitution, from the brutality of her husband and from a severe fall which occurred during the third month of gravidity. The day after this accident, epistaxis took place, and for the first time, abundant hematemesis. From this period the epigastric and middle dorsal regions became the seat of excessive pain. Miscarriage followed, and although no fresh vomiting of blood ensued, diarrhœa set in and continued for three months without interruption; the intestinal relaxation then ceased, and every four or five days a dark-coloured fluid, analogous to soot diluted in water, was rejected from the stomach. When the patient was admitted into hospital, her extreme emaciation and the dark yellow colour of her skin attracted notice. Mr. Trousseau hesitated whether to ascribe this peculiar paleness to mere anemia or to a cancerous diathesis, a discrimination which the professor considers difficult, if not impossible to establish, in individuals who have suffered from hemorrhage. Moreover, palpation did not reveal the presence of any suspicious tumour within the abdomen. Taking therefore into consideration the solitary symptom of the peculiar terebrating pain, Mr. Trousseau asserted the case to be one of simple ulcer of the stomach.

Whenever, says Mr. Cruveilhier, you meet with copious hematemesis, suspect rather the presence of a simple ulcer than of cancer, the abundance of the hemorrhage being an indication of the former disease. Mr. Trousseau is of opinion that this proposition is generally, but not absolutely, correct. Many persons, who were affected neither with simple ulcer nor with cancer of the stomach, have been known to vomit quarts of blood. Mr. Trous-

seau, in support of this view, related that, six years ago, a professor of the School of Medicine, after a hearty dinner, was smoking at his window, when suddenly, without any spasmodic action or disturbance of digestion, he fainted, and was conveyed to his bed apparently in a dying state. The syncope continued throughout the night, and was looked upon as the result of indigestion. The next day the patient was as pale as death; he did not vomit, but he passed with his stools at least three quarts of dark blood, in a coagulated state, and of the consistency of pitch. The paleness of the complexion lasted one month; extract of ratanhia was exhibited, and health was completely restored. In this instance, the stomach or intestines were the seat of no ulcer, it was a case of melæna, or mere mucous hemorrhage.

Towards the same period, Mr. Trousseau was called upon to attend in Paris a woman aged sixty-five, who had vomited and passed blood. The skin of the patient presented so cachectic a hue, that the idea of cancer forcibly suggested itself to the minds of the medical attendants. She stated that, four days before the accident, she was in perfect health, and had come to Paris on a pleasure-trip, and that the day after her arrival she had vomited blood and had fainted away. Setting aside provisionally the idea of cancer of the stomach, and viewing the case as one of uncomplicated hemorrhage, Mr. Trousseau prescribed the extract of krameria in doses of 15 gr. daily, and at the end of one month the patient was completely cured.

Here, therefore, we have two cases, the most recent supplied by Mr. Trousseau's practice, which prove that copious hematemesis does not necessarily imply the existence of cancer of the stomach. The professor, on the other hand, related a case observed in his own family, which shows that considerable hemorrhage may be connected with gastric carcinoma. But even when all the attendant circumstances seem to indicate the presence of organic disease, the practitioner should still act in view of the loss of blood and consequent anemia, and prescribe astringents and chalybeates.

In the case of the patient who suggested these remarks,



Mr. Trousseau, as we have stated, concluded, from the nature of the pain, that simple ulceration of the stomach was present. He therefore exhibited each day a pill of 1 gr. of nitrate of silver combined with a small quantity of opium; and as the trisnitrate of bismuth ointment rapidly heals ulcers of the skin, he considered from analogy, that it might be beneficial inwardly. Now, thanks to the above treatment or to a more appropriate diet, the vomiting has entirely ceased, appetite has returned, digestion is accomplished satisfactorily, and in short, the symptoms, which induced the patient to enter hospital have altogether disappeared. This, however, must be understood to be only a palliative treatment; for, on referring to the history of the case, we distinctly observe that the premature hemorrhoidal discharge was replaced by periodical hemicrania, which yielded in its turn, and the hemorrhoidal and uterine congestions were succeeded by an abnormal congestion of the stomach. It will, therefore, be proper in this case to return at intervals to the use of astringents, and every three months to exhibit, during ten days, 15 gr. of extract of krameria daily, and every fifteen days half an ounce of the powder of cinchona cordifolia; it will likewise be desirable to persevere in the use of bismuth and to recall towards the rectum and womb, by the administration of aperient enemas, the congestion which has for too long a time taken another and more unsafe course.

— A young man, aged twenty-seven, was admitted into Mr. Trousseau's wards for paralysis consequent on diphtheria. Six months before, his tonsils and uvula had been covered with *white skins*, which local treatment had removed: but ten days after, he was observed to speak through the nose, deglutition became difficult, vision was obscured, and for two months he was affected with dimness of sight. In the morning, he occasionally had incomplete erections followed by seminal losses. After five months, the signs of paralysis became more general and more characteristic. Numbness was complained of in the hands and feet, general sensation was impaired, the muscles lost their power, etc. This summary description is

applicable to numerous subjects, who are cured of diphtheria, but are not saved from the consequences of the disease among which paralysis must henceforth be numbered.

Eight or nine years since, Mr. Trousseau described this affection and pointed out its true cause. Previously to his researches on the subject, its origin was unsuspected, but when cases of this kind are recorded, other practitioners whose attention is now awakened to the matter, on consulting their memory, remember similar instances, which had hitherto remained unintelligible in the absence of a legitimate interpretation. Thus, this very year, Professor Négrier, of Angers, being accidentally present at one of Mr. Trousseau's clinical lectures, was reminded by the patient whose case we have referred to, that his own daughter had for two months suffered from amaurosis, after an attack of diphtheria, and that it had occurred to none of his professional friends to refer to the diphtheria the ocular affection, which however disappeared suddenly.

This form of paralysis accounts for a very singular and unpleasant phenomenon, which is occasionally met with after the most successful operations of tracheotomy. A child, who eight or ten days before has undergone the operation, is progressing most favourably, and has become quite accustomed to the silver canula; he even requests it to be replaced, when for any reason it has been temporarily removed; — and yet the child, who, in spite of the presence of this foreign body in the air-passages swallowed with ease whatever was given to him (although one might *à priori* suppose that the canula, interfering somewhat with the mobility of the trachea, would in some degree impede deglutition), suddenly swallows with difficulty, the fluid and semifluid food administered passes into the superior laryngeal aperture; the little patient soon becomes incapable of taking anything; measures of all sorts are adopted to overcome the difficulty, but all efforts prove unavailing, and he dies in a few days, although cured of the croupal disease for which the operation had been instituted. Now, in this instance, it is highly probable that the larynx and the muscles, which close the upper orifice of the glottis, have been paralysed, a loss of power ana-

logous to that which, under the same circumstances, is observed in other subjects in the muscles of the soft palate or the limbs. Localized diphtheritic paralysis, like the more generalized paralysis due to the same cause, originates, according to Mr. Trousseau, in the poisoning of the system by the special virus of diphtheria : this morbid element exhausts its power at last under the combined influence of time, proper treatment and diet, and the paralytic symptoms, which it induces, present the same curative indications as saturnine paralysis, when they do not yield spontaneously.

— We have just described an important complication of croup, after tracheotomy ; we will now mention another which is not perhaps altogether unconnected with paralysis of the pharynx. It consists in the resistance of the young patients to the efforts of exhibition of the amount of nutriment necessary for the ultimate success of the operation. When this resistance is unconquerable, the fancies of the child must be inquired into, and, if necessary, excited ; sweetmeats, sugar-plums and preserves are preferable to the poisonous juices which he borrows from his infected system. Finally, if the object is otherwise unattainable, the œsophagian tube must be called into requisition, for here absolute abstinence is tantamount to autophagy which is equivalent to death.

Now, what Mr. Trousseau has scores of times repeated, as to the indispensable necessity of feeding the child at all hazard, after tracheotomy consequent upon diphtheritic croup, applies equally, and for the same reasons, to typhoid fever.

Mr. Trousseau does not require that persons suffering under this disease should eat much, but he lays great stress upon the necessity of drinking. A patient, who neither eats nor drinks, is placed in a position similar to that of shipwrecked mariners, who, deprived of nutriment during ten, twelve or fifteen days, undergo fearful organic decomposition. Water alone will support life for a long time ; without water, the human system becomes a prey to a febrile condition closely resembling the ataxic or adynamic state. In the *salle Saint-Bernard* we observed a woman,



affected with typhoid fever, who, under the influence of febrile delusions, absolutely rejected all forms of food or drink. Now, under these circumstances, the elements of bile, of perspiration, of urine were incessantly taken up by the empty absorbents. Mr. Trousseau treated this patient as a lunatic, and forced her to swallow water and nutritious fluids. An œsophagian tube was conveyed through the nares down as far as the lower third of the œsophagus, and gruel, soup and milk were thus introduced into her stomach. Moreover, in order to remedy the state of collapse into which this young woman had fallen, she was immersed every day into baths, rendered stimulating by the addition of the juice expressed from a bag, containing four pounds of flour of mustard diluted in water. She remained in the bath ten minutes the first day, twenty minutes the second, and half an hour the third. The stimulating bath in these cases has a twofold object : by cutaneous absorption, a certain amount of water penetrates into the system, and the peripheric nervous net-work being incited to increased action, the pulse rises, an important result when, as in the patient under consideration, the pulse has fallen so low as 66. Under the influence of this course of treatment assisted by cinchona and musk enemas, the symptoms of this singular variety of typhus yielded in a few days.

“ In acute disease,” said Mr. Trousseau, “the cure is the rule, but yet the patients must have sufficient time granted to them, to reach the period at which resolution begins; the great secret of art is to assist them in gaining this object.” Now, in the case we have just mentioned, it is an unquestionable fact that the patient must have perished a victim to the nervous symptoms, if, together with the external and internal treatment resorted to, had not been combined the forcible administration of food, by which the disastrous effects of decomposition of the blood were happily obviated (1).

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(1) We have lately resorted to the method, the good effects of which are here recorded. Dr. Piel was in attendance upon a young woman affected with typhoid fever, who obstinately refused to take any food. The teeth were firmly clinched, and Dr. P. had failed in introducing even a few drops of fluid into the mouth. We mentioned to him the above

## ART. 5724.

## HOTEL-DIEU.

( Mr. Robert's wards. )

*Traumatic serous effusions. — Synovial cysts of the wrist.—Diphtheria of wounds treated by incubation.*

The extravasation of blood in the cellular tissue is not the only form of effusion which may result from bruises; these injuries occasionally produce serous collections which Mr. Robert denominates *traumatic hydrocele*. These serous tumours are chiefly met with in the parts of the body where the skin is thick, as for instance in the dorsal region. No hemorrhage takes place in the cellular tissue, but it becomes infiltrated with a serous fluid, slightly tinged by the admixture of blood. It is no easy matter, nor is it very essential, to ascertain with accuracy the mechanism by which these effusions are generated; all we know is that, after a contusion, a swelling immediately makes its appearance, so considerable, that the subcutaneous serous collection has sometimes been observed to extend from the shoulders to the coccyx; this had occurred in a patient, lying in St-John's ward, who had been dragged on his back during a long space of time.

A man was recently admitted into the same ward, who, after a fall, presented in the dorsal region, on a level with the last ribs, a soft fluctuating tumour, which suggested the idea of an imperfectly filled cavity (a character already assigned to these tumours (1) in 1853, by Mr. Morel-Lavallée); the swelling yielded to the touch an undulating sensation, and its circumference was bounded by a hard ridge, due to the infiltration of blood in the marginal cel-

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case, and a caoutchouc tube having been conveyed through one nostril into the oesophagus, appropriate nutriment and medicines were injected into the stomach, and the patient was thus supported until convalescence set in.

H. C.

(1) Vide English Edition. Vol. I, page 431.

lular structures. The absence of pain at first led to the supposition of a hernia through the lacerated fibres of the abdominal wall; but as the tumour was entirely irreducible, this idea was soon abandoned, and the case was pronounced to be one of traumatic serous effusion, a diagnosis which the effects of the treatment proved to be accurate.

The swelling was covered with refrigerating applications, which were however of no avail. In these cases, the above method is always inefficacious, and the exhalation of serum continues. The only remedy, which can be resorted to with confidence, is the withdrawal of the fluid by puncture with a bistoury or a trochar. When the tumour is of moderate size, Mr. Robert prefers the knife, because, if any coagula are present, they can readily be removed, and the penetration of air into a cavity of small size is of no importance. But the evacuation of the fluid does not constitute the entire treatment. Mr. Morel recommends iodine injections, and has recorded an instance in which this method proved successful. Mr. Robert has also had recourse to this plan, but without any advantageous result, once for instance at hospital Beaujon, in a case of traumatic hydrocele situated on the outer aspect of the thigh. Mr. Malgaigne has been compelled to lay open the sac and to seek for cure in suppuration. In Mr. Robert's opinion, this is the safest conduct, and he adopted it in the case of the patient at present in the wards. He divided the walls of the tumour by a longitudinal incision, and after the escape of the extravasated fluid, he inserted lint into the sac for the purpose of promoting inflammatory action and suppuration.

— The albuminous concretions or rice-shaped corpuscles, which fill the synovial cysts of the wrist, generally add much difficulty to the treatment of these tumours by iodine injections. The double incision is, on the other hand, a highly dangerous procedure, and when even the consequences of inflammation are averted, the synovial membrane, denuded of its epithelium, suppurates, becomes thickened, and transmuted into a sort of fungous texture,



which protrudes through the orifices of the sinuses which suppuration has created under the skin.

As this mode of treatment is, however, almost the only one applicable to these cases, it is desirable to obviate its disadvantages, a result to be effected as follows : the cysts having been boldly opened above and below, so as to admit of the ready expulsion of the rice-shaped concretions, cold irrigations should be at once instituted and perseveringly continued in order to keep the inflammatory action within bounds, and prevent the formation of puriform collections in the ambient cellular tissue. By the adoption of this plan, Mr. Robert has been enabled to perform with success a considerable number of operations, of the kind, and has had the good fortune not to lose a single patient.

With regard to the fungous granulations, which interfere with the favourable progress of the cases, they should be destroyed by injecting, three or four times a day, into the cyst, Mr. Guibourt's iodized solution, a process which may be interrupted for a day or two, if the pain be too intense. If this happens, the local irritation should be subdued by poultices, and sulphur baths be prescribed. After the destruction of the morbid granulations, cicatrization proceeds rapidly, and the functions of the synovial are in nowise injured by the treatment, a remarkable fact, which, however, at present occasions but little surprise.

— Thanks to the hygienic measures adopted in nosocomical institutions, hospital gangrene has become a very unusual disease among the patients entrusted to the vigilance of the administrators of public assistance. The most intelligent internal arrangements of the hospitals are however powerless to counteract the evil influence of the diphtheria of wounds upon the patients who occupy surgical wards. From this variety of hospital gangrene, medical wards enjoy no immunity, and this year we have frequently ascertained its presence at hospital Ste-Eugénie, in children to whom blisters had been applied. It is a well-known fact, that when once the diphtheritic productions are engrafted on our textures, they have a fatal tendency

to multiply, and at last to infect the entire system. Mr. Robert observes, that they show no predilection for recent wounds, but on the contrary seem to attack in preference those which have already lasted twelve or fifteen days.

The diphtheria of wounds usually yields to the application of lemon-juice, a remedy, which proved however inefficacious in the case of a girl, who had undergone amputation of the thigh, and Mr. Robert was compelled to paint the wound with muriatic acid. The professor reminded his hearers, on this occasion, that incubation, which was proposed some fifteen years ago by Mr. Jules Guyot for the treatment of wounds in general, had in his own hands been perfectly successful in a case of obstinate diphtheria. Mr. Debrou, a surgeon of Orleans, has also resorted with advantage to this method. The apparatus for the incubation of wounds consists of a closed box, with a glass lid, in which the air around the stump is kept, by the agency of a spirit lamp, at a permanent heat of 90° Fahr.

## ART. 5725.

*Conductor-bougie for the introduction of instruments into strictures of the urethra, and for the cure of retention of urine without puncture of the bladder.*

Dr. Maisonneuve read some five or six years ago, before the Academy of Sciences, a paper on a new method of catheterism which he denominated *cathétérisme à la suite*, and which, since that period, has been invariably successful in his hands. The method consists in the preliminary insertion of a long and very slender flexible bougie to which may be screwed on, and afterwards introduced, the various instruments required for the different operations on the urethra. This innovation, presenting the advantage of imparting to these manipulations a degree of facility and safeness previously unknown, Dr. Sédillot of Strasbourg stated as his opinion that the new method had at last solved the problem of urethrotomy.

Mr. Phillips has recently recorded in the *Moniteur des sciences médicales* a case of complicated stricture of the urethra in which he effected a cure by the use of Mr. Maisonneuve's conductor, or of a bougie the construction and object of which seem to bear a close analogy to that recommended for the first time by the eminent surgeon of La Pitié. The following is an account of this interesting case, with a wood-cut of the instrument which has been kindly communicated by the ingenious maker, Mr. Charrière.

On 14th July of the present year, Mr. Phillips ascertained the existence of several strictures of the urethra in a Spanish gentleman; and having found it impossible to effect a passage with a whalebone instrument, on account of the extreme irritability of the duct, he endeavoured to insert a filiform and very flexible bougie. After attempts which lasted one hour, the strictures were passed, and the bougie, having penetrated into the bladder, was left permanently in the canal. Two hours afterwards, the desire to pass water became extreme, but the urine could not escape even in drops, although the bougie was loose in the urethra. Poulitices and enemas with laudanum were unavailingly resorted to for the purpose of relieving the spasmodic action of the neck of the bladder; the abdomen became distended, the sufferings of the patient intense, and puncture of the bladder seemed the only means of relief.

Mr. Phillips had already met with perplexing cases of this description, in which, although the bougie has entered the bladder, urine does not flow; the fear of not being able to reinsert the bougie prevents the surgeon from withdrawing that which has previously been introduced; indeed, after even a few hours, a bougie placed in a stricture causes a swelling of the mucous membrane and fresh obstacles to further progress. The renal secretion does not always escape after the removal of the instrument, and while the patient is suffering the tortures of retention, the surgeon is unable to reach the bladder through the urethra.

The *Moniteur des Hôpitaux* published, on the 6th of January 1859, a case of stricture which had been confided to Mr. Phillips by Mr. Nélaton. The obstruction was very difficult to overcome, and after attempts continued



for several hours, the bougie at last penetrated into the bladder, but no immediate relief followed. The contents of the bladder could not be evacuated, and the surgeons durst not withdraw the instrument. Mr. Nélaton was obliged to puncture the viscus, an operation which however had the most favourable consequences.

Nevertheless, in order to obviate for the future the necessity for this form of surgical interference, Mr. Phillips uses filiform bougies bearing at their extremity a hollow screw, like those of Mr. Maisonneuve, and catheters of about one line in diameter ( $1\frac{1}{2}$  millim.) supporting at their vesical extremity a prominent screw which, as may be seen from the subjoined diagram, fits into the extremity of the filiform rod, thus forming, when both instruments are connected, a bougie of double length.

A. Extremity of the conductor with the hollow screw.

B. Vesical extremity of the catheter, bearing a screw adaptable to that of the conductor. Both ends are joined and represent the apparatus ready for insertion into the bladder.

C. Screw of the conductor.

D. Vesical extremity of the catheter apart from the conductor.

Attempts at introduction should be made with the conductor only; when it has reached the bladder, if no urine escapes, the catheter, containing a slender brass rod, is screwed to the conductor, and is gently urged on towards the vesical cavity, where the conductor rolls itself up. The brass rod is then withdrawn and the urine escapes.

When the contents of the bladder have been removed, the catheter is cautiously extracted and unscrewed from the conductor, which remains permanently in the urethra for the purpose of dilatation of the strictures.



In the case referred to, this ingenious contrivance was used with success, and the bougie, having remained two days in the duct, prepared it for the insertion of the urethrotome. This instrument screwed to the conductor, in the same manner as the catheter had previously been, was gradually urged towards the bladder and pushed through the stricture. When engaged in the contracted passage, the blade was freed by the hand of the operator, and in its onward progress divided the strictures, thus opening a canal sufficiently broad for the introduction of the bulb of the instrument as far as the membranous portion of the urethra. The sharp blade was then brought back in its widest development in front of the olive-shaped dilatation of the urethrotome, and at one sweep cut forward through all the coarctations. A catheter, two lines in diameter, was immediately passed into the bladder and was not removed for three days. The hemorrhage was unimportant, and the same evening a paroxysm of fever occurred, which yielded spontaneously. After the lapse of one month, the urethra was again examined, and this exploration showed that a bougie, with a bulb of three lines diameter, could penetrate without difficulty into the bladder, and a metallic catheter, slightly larger, glided along the urethra without meeting with any obstruction.

The incision of strictures is a question of too considerable importance to permit us here to enter into the comparative appreciation of its advantages and dangers; but what we have been desirous of pointing out, in the present article, to the attention of the profession, is the fact that, with the apparatus imagined by Mr. Maisonneuve and Mr. Phillips, the necessity for puncturing the bladder may, in the opinion of these surgeons, be obviated; that retention of urine may be prevented, and that long protracted attempts for the purpose of overcoming urethral obstructions are no longer indispensable.

## MEDICAL CORRESPONDENCE.

ART. 5726. CASE OF INGUINO-FEMORAL ANEURISM CURED BY ALTERNATING PRESSURE ON THE INTERNAL ILIAC. — If any doubt could still exist as to the efficacy of digital or mechanical pressure in the

treatment of aneurism, the following case would supply unanswerable testimony in favour of the method.

In June last, a young man aged twenty-four, bearing an aneurism of the upper part of the femoral artery, was on the point of starting for Dublin, there to undergo the ligature of the external iliac, an operation which that eminent surgeon, Mr. Butcher, had undertaken to perform. The man was brought to me before his departure, and after careful examination, I came to the conclusion, that, despite the high situation of the tumour, digital intermitting pressure might, in the present case, be applied with some chance of success. The following was the appearance of the tumour, when the patient was admitted into my wards, in the City of Limerick Infirmary, on 28th June: just below the left groin existed a large pulsating tumour, over the femoral artery, surrounding the origin of the profunda, four inches long by three broad, egg-shaped, and within one inch of Poupart's ligament at its upper extremity. Distinct pulsation was perceptible in the swelling, and disappeared when the thumb was placed upon the femoral artery, at its passage beneath Poupart's ligament. Under these circumstances, and in this spot I resolved upon applying digital pressure.

The treatment was begun on the same day, June 28th, at 2 o'clock P.M., and was persevered in without interruption during  $79\frac{1}{2}$  hours, by two assistants who applied the pressure in turns. The patient had been placed on milk diet, small doses of morphine were exhibited at night, the tumour had been covered with ice, and the limb from the toes to the middle of the thigh rolled in flannel. Under the influence of pressure thus applied, a remarkable change took place in the tumour; the passage of the blood through its cavity became slower, and a process of coagulation had manifestly set in. Encouraged by this result, I determined to persevere as long as possible in the course adopted; but my assistants being overcome from watching and fatigue, I was obliged to abandon the agency of the fingers and to resort to Dr. Carte's ingenious and nicely adjusted instrument.

From the 1st to the 9th of July, I alternated instrumental with digital pressure, allowing occasional intervals of relief from both. Twenty to thirty minutes was the longest time the patient could endure either for a continuance; the digital however caused less distress than the mechanical pressure. In spite of this precaution, the skin blistered, and this circumstance, combined with the difficulty of practising pressure upon the very limited space of one inch above the head of the aneurismal sac, induced me to apply the power to the external iliac, at about two inches above Poupart's ligament. After allowing the patient twenty-four hours repose, I applied pressure to this point, and thanks to the yielding of the abdominal wall and the admirable pliability of Dr. Carte's apparatus, I was enabled to press the vessel against the edge of the psoas and the inner rim of the pelvis. I may here notice that the man bore this pressure with much more ease than he had that on the groin, a fact to be accounted for by the elasticity of the parts, which formed a soft pad under the artery.



From this date until the cure was effected, I used almost exclusively Dr. Carte's instrument, relieving the patient however, occasionally during the day, by digital pressure or even total relaxation. The man himself became an adept at fixing the pad on the right spot, and graduating the pressure by its effects on the pulse in the aneurism. The application of ice was continued unceasingly during twenty-one days. On the 19th of July, the pressure was entirely relaxed at night, but kept up with intermissions during the day, as the skin was getting a little tender. After some time the patient experienced unknown sensations due to the development of the collateral circulation; and on the 4th of August, whilst adjusting the pad, he discovered that all pulsation had ceased in the tumour, and with a feeling of indescribable joy, cried out that *he was cured!* This was indeed the case, and on my return after a short absence, Dr. Bourke, who had kindly supplied my place, and myself had the satisfaction of ascertaining the correctness of this surmise.

Thus an aneurism, rendered formidable by its close approximation to the body, and which would have required an operation pregnant with danger to life and uncertain in its issue, was cured in a few hours less than 36 days, by a pressure applied during a period equivalent to about half that time and which entailed no other disadvantage than a superficial and almost insignificant abrasion of the skin.

W. R. GORE, M. D.

Surgeon to the City of Limerick Infirmary.

ART. 5727. TYPHOID FEVER; EXHIBITION OF IODIDE OF POTASSIUM. — .... I regret not to have seen Dr. Magonty's publication, mentioned in the September number of your journal, if it can teach us how to apply iodide of potassium, with success, to typhoid fever. The following is the result of my personal experience in the matter :

About two years ago, I was led by reflection to attempt the relief of typhoid by iodide of potassium. The patient was a little girl aged 12, in the second or third day of the disease. So far from being cured, she got rapidly worse, and it turned out to be the severest case of typhoid that I ever saw recover. I could not perceive that the drug exercised any beneficial influence whatever. Indeed, the patient so nearly died that I have not ventured to repeat the experiment.

W. F. WADE, M. B.

Professor of the practice of physic, Queen's College,  
physician to the Dispensary, Birmingham.

We are sorry that Professor Wade has not mentioned the doses or mode of exhibition of the iodide of potassium in the unfavourable case he refers to. Perhaps in this instance he had to do with one of those idiosyncrasies, which are occasionally met with, commanding the greatest reserve in the use of a medicinal agent, the effects of which upon the patient

are untried. At any rate, our learned correspondent will, doubtless, candidly acknowledge that one unfavourable case must be inconclusive against a mode of treatment, which on this side of the Channel has been found innocuous, and is supported by the encouraging results obtained by Messrs. Magonty, Marchal, Mazel and several other physicians of unquestionable practical eminence.

H. C.

## SCIENTIFIC MISCELLANEA.

ART. 5728. GOUT; MR. GENDRIN'S TREATMENT.—The *Revue de thérapeutique médico-chirurgicale* publishes a clinical lecture of Mr. Gendrin, in which the learned physician of La Pitié gives a general idea of his theory of gout, and of the line of treatment he considers most rational in this disease.

Gout, says Mr. Gendrin, must be viewed in the light of a genuine cachexy, the real cause of which is the debilitation of plastic power, induced by the diathesis, and uninterruptedly kept up by improper diet. Under these circumstances, numerous excremental elements are generated, which are but partially removed, and are endowed with a peculiar tendency to deposit on fibrous and articular textures. The hereditary transmission of the diathesis is an undoubted fact, but up to a certain age, the predisposition remains latent, when gout appears and the cachexia supervenes. The manifestation of gout is precisely determined by those causes which debilitate plastic power, especially at that period of life, when the human body having passed its climacteric, its former energy of assimilation is impaired. For the male sex, the critical age is between the 50th and 55th year; for woman, it is the period at which menstruation ceases. Hippocrates asserts, that in the aged, gout is incurable, but that it may be cured in the young, with proper exercise and abstemious diet.

The rational treatment of gout varies according to the nature of its manifestations. The physician, it is true, is seldom called before the appearance of the paroxysm; but after having checked the existing symptoms, he must further endeavour to modify the patient's constitution so as to render the attacks milder and less frequent.

When the local suffering is very intense, and the patient, as it frequently happens, is still young and vigorous, it is proper to resort boldly to antiphlogistic treatment, and even to venesection. When the subject is young and strong, when the disease is in its incipient stage, and the general condition excellent, local cold applications are the very best remedies which the practitioner can recommend. But if the digestive functions are torpid, if appetite is absent, this morbid state must in the first place be removed, and an emetic be prescribed. The disease once well localized, and having reached its period of status, some external applications will be found useful for the purpose of subduing the tumefaction; iodized substances will be found the best to meet this indication, but a

diminution only of the swelling must be looked forward to in cases of periostosis or tophus, and not a complete resolution.

Whatever advantages are derivable from abundant diaphoresis, it is unsafe to endeavour to produce it by the exhibition of internal remedies, by which the digestive organs might be injured. It is far preferable to resort to vapour-baths or to dry fumigations; and in the case of anomalous, cold, almost indolent gout, instead of having recourse to leeches and antiphlogistics, it will, on the contrary, be requisite to use fumigations and topical applications of a stimulant or aromatic nature, and exposure to the sun. Colchicum should be prescribed in small doses, and its action promoted by the exhibition of reiterated mild aperients. Should at the same time visceral disturbances supervene, such as cardialgia, headache, ophthalmia, stimulants should be applied to the skin, in the shape of mustard-poultices, embrocations, etc., calculated to produce counter-irritation. In many instances the general symptoms have thus yielded, and a tophaceous concretion has formed on a joint.

Patients frequently use, of their own accord, preparations of colchicum which are in great repute; it is necessary however they should be informed that, in confirmed gouty cachexy, the drugs may induce internal gouty disease, or some affection of the digestive organs; these medicinal agents should therefore be exclusively reserved for the first attacks of gout.

The cure of the cachexy is the most advantageous result to be looked forward to, and it is sometimes effected. The causes, which exercise an undeniable influence on the production of the disease, must in the first place be removed; the physician will then turn to the consideration of the dietetic habits of the patient, regulate his food, and prescribe, within certain limits, muscular exercise. But in the aged, afflicted with gout, old established habits cannot be cast off with impunity, and all attempts of this kind must be slow and gradual. It should moreover be recollected that a gouty predisposition, which has existed for a long time assumes the character of a vicarious function, and that its suppression may be productive of mischief. Patients cured of gout have been known to die of consumption in a twelvemonth, although their personal or family precedents indicated no tendency to tuberculosis. In general, therefore, it is in young and vigorous individuals only, and in those recently afflicted with gout, that the practitioner should use earnest endeavours to cure the cachexy.

Alkaline beverages and baths, which promote the action of the kidneys and facilitate the elimination of calcareous or lithic compounds, have been frequently recommended: they may however be abused. The long continued use of alkaline drinks deteriorates the digestive organs, and induces loss of flesh and of strength. Baths of the same description must likewise be resorted to with much reserve, as they interfere with the proper action of the skin, and their use is often followed by attacks of gout of increased severity.

Alkaline waters have disadvantages in addition to those pointed out by Mr. Gendrin. It is not unusual to find that gouty patients, treated by



these waters, have exchanged their gout for apoplexy or some fatal visceral disease, hence Mr. Pidoux's saying, that the portal of the bathing establishment of Vichy should be decorated with the following inscription: *General factory of erratic gout.*

ART. 5729. TUBERCLES; DIARRHŒA. RAW MEAT-PULP AND JUICE; REMARKS ON THIS MEDICATION. — Dr. Labadie, of Lalande, has communicated to the Medical Society of Bordeaux the history of three children affected with tuberculosis, whom he treated by the exhibition of raw meat. The first case was that of a little girl aged twenty months, who presented all the symptoms of confirmed *tabes mesenterica*, i. e. feverishness, atrophy, abdomen containing hard and irregular lumps, sanguineous diarrhœa, etc. This child recovered her health completely after two months perseverance in the Russian method of treatment. In the second instance, another little girl, aged three years, was suffering from the presence of duly ascertained pulmonary tubercles. Enemas with the juice of raw meat were prescribed, and the improvement from this solitary remedy was such, in six weeks time, that the child would not have been known to be the same. The same treatment, adopted in the third case, was productive of no benefit.

We had read the foregoing statement in the *Union médicale de la Gironde*, when the *Charleston medical Journal and Review* reached us containing extracts from various publications, in which raw meat is recommended for the treatment of diarrhœa consequent upon weaning. The American review quotes, among others, one of our own articles, which has already been reprinted in the *Dublin Hospital Gazette*, and further adds a short notice published in the *Journal für Kinderkrankheiten* by Dr. Weisse, director of the Foundling-Hospital in St. Petersburg, who was the first to call the attention of the profession to this singular medication.

The Russian physician expresses his great and legitimate satisfaction at having found imitators in France, in Prussia and in England, among the most eminent practitioners; but at the same time that he admits that in the adult, obstinate diarrhœa has yielded to the exhibition of the pulp of raw meat, he remarks that he never considered this mode of treatment as possessing absolute efficacy, except in the case of diarrhœa occurring in children, two or three weeks after weaning. "For my part," says Dr. Weisse, "I have exhibited the pulp of raw meat to upwards of two hundred children, and I have always been enabled to check this destructive form of intestinal disease, when the treatment was instituted in time. I lay stress upon this point, because if the complaint has made too much progress, and has assumed the characters of gastro-malacia, a cure will be effected but in exceptional cases. Even then, however, it is by far the best plan of treatment, and the most efficacious for the purpose of allaying the burning thirst of the patients and diminishing the frequency of vomiting."

Dr. Weisse attaches much importance to the meat (beef is that which he prefers) being in the first place cut with a knife, pounded in a mortar and finally separated from its cellular textures by being passed through a sieve.

He is also desirous of specifying that he regards this pulp as a medicine and not in the light of an article of food. "I consider very erroneous," says Dr. Weisse, "the assimilation made by Charles Hogg, who, enumerating the virtues of beef-tea, expresses himself as follows: "Beef-tea is an excellent, nutritious and easily digested aliment; it replaces entirely the juice of raw meat, as prescribed by Weisse of St. Petersburg." In raw beef, I have found a remedy for a peculiar form of diarrhoea, never an article of food for children. It is not exactly meat-juice, it is the very substance of the muscles which I wish to introduce into the digestive tube, in order, by mechanical irritation, to stimulate its functions, and perhaps neutralize the too great acidity of the gastric juice. Beef-tea has no more curative effect upon the diarrhoea consequent upon weaning than Liebig's excellent solid cakes of broth."

Dr. Weisse further remarks that, although the efficacy of raw meat is fully established in his mind for the diarrhoea of recently weaned children only, he nevertheless has sometimes succeeded with the same remedy in older subjects doubtless affected with intestinal ulceration. He adds that, if it were fair to draw any conclusion from two experiments made upon adults labouring under diarrhoea, raw meat might perhaps be replaced by an article which would much better suit the tastes of the patients, viz. oysters; 8 or 12 a day in two meals, appear, in the two cases alluded to, to have performed wonders. We should not omit to say, when speaking of the exhibition of raw meat, that this medication has, like most things, its disadvantages; the great objection to it is that it promotes the development of tape-worm. Dr. Weisse, Dr. Braun, Professor Von Siebold of Munich, have had frequent opportunities of ascertaining the truth of this singular fact, which we formerly alluded to ourselves, when we related the case of a child from Mulhausen, who, under the care of Mr. Trousseau, was with her sister cured of diarrhoea by the exhibition of raw meat, and subsequently suffered a long time from the presence of *tænia*. The circumstance should excite but little surprise, if we recollect that this parasite is very commonly met with in Abyssinia, where the natives live on uncooked animal food.

ART. 5730. GUACO IN VENEREAL DISEASE. — It is stated in the narrative of Mr. Isid. de Lowenstern's journey to Mexico in 1838, that in the northern districts of that country, in the neighbourhood of Escuinapa, a city on the sea-coast of the province of Simaboa, grows in luxuriant abundance a plant, the root and stalk of which enjoy the reputation of being the safest remedy for the bite of the rattle-snake and other venomous animals. Its name is *guaco*. The Indians rub its expressed juice upon the wounds; but the more general custom prevails of distilling the root in spirit and of applying the liquid in fomentations, a few drops being also exhibited internally. This traveller asserts that he has himself witnessed the efficacy of the remedy. As, according to a local tradition, a bird which also bears the name of *guaco*, uses this plant as an antidote to the wounds inflicted by its venomous adversaries, Mr. de Lowenstern is inclined to think it may be advantageously used for the human subject.

This suggestion of the learned traveller has found an echo in Europe, and several Spanish and Italian physicians have tested the virtues of guaco in the treatment of venereal disease.

The *Siglo Medico* recorded this year the experiments instituted with this juice, in the military hospital of Valencia by Dr. Gomez. We are also in receipt of an interesting pamphlet on the same subject, published in Genoa, by one of our subscribers Dr. Odoardo Turchetti of Fucecchia in Tuscany (1). Mr. Gomez has prescribed with benefit guaco in the first stage of gonorrhœa, in chancre, ulcerated bubo with sinuses, etc.; from his observations he concludes that, externally, guaco is a powerfully stimulating agent; that it modifies the textures, promotes cicatrization, and is in these respects more powerful than any other remedial agent in our possession. Mr. Turchetti is equally earnest in his commendations. He is of opinion that, although chemists have hitherto detected in *Mikania guaco* naught but an abundance of chlorides, they cannot fail soon to extract from it a principle endowed with specific action in venereal disease, and he proposes, in anticipation, to denominate this substance *guacine*.

We much regret that want of space precludes our following the author in his very curious historical disquisition on the uses of guaco in Central and South America. This new *antidote*, this *new gift of Providence*, despite the many cures it had effected, was all but forgotten when it appeared as a novel remedy at the London exhibition. It has since then been tested, and the various experiments made in Genoa, Florence, Barcelona, Valencia and Madrid, prove, according to Mr. Turchetti:

1. That the decoction of guaco, mixed with vaccine matter, syphilitic pus, — the secretion of farcy, instantly decomposes their histologic elements, renders them inert and incapable of reproducing the morbid condition which gave them birth.

2. That, if specific diseases, generated by inoculation of venereal or vaccine matter, are treated without delay by this remedy, their development is checked.

3. That primary venereal ulcers speedily heal, if they are covered with lint impregnated with the decoction of guaco.

If we are to credit Mr. Turchetti's assertions, primary syphilitic symptoms would not alone yield to guaco; he also quotes numerous cures, effected by Mr. Massone, by a host of other practitioners and by himself, of patients labouring under suppurating, ulcerated, and even gangrenous bubo, sinuses, secondary eruptions and ulcers belonging to all stages of the infection.

The preparations used in Italy are due to Mr. Massone and consist of the decoction retailed in sealed bottles by the Hygienic Society of Genoa; of an extract which may be combined with lard in the proportion of  $\frac{1}{8}$ , a sweet fluid extract, an alcoholic tincture, etc.

Mr. Turchetti's publication will have the advantage of giving popu-

(1). *Guida pratica per l'uso delle preparazione di guaco*. A practical guide for the exhibition of preparations of guaco. Genoa 1859.



larity to a new remedial agent which may prove useful; but we must acknowledge that his pamphlet is deficient in clinical cases. Perhaps also his slightly enthusiastic assertions would obtain more credit, had he limited somewhat more the utility of his favourite remedy. To attribute universal virtues to a drug is acting the part of an imprudent friend. The field of syphilis seems to us sufficiently extensive to afford ample scope to the most ardent experimentalists of guaco.

## PRESCRIPTIONS AND FORMULAS.

ART. 5731. CHOLERIFORM DIARRHŒA. SULPHURIC ACID; SALINE BATHS. — Among the remedies recommended of late for the choleric and cholera, which still prevail in some of our departments, Dr. Barbette, of Niort, indicates, sulphuric acid and saline baths, a combination attributed to Dr. Lepetit of Poitiers, as having been this year most serviceable. Mr. Lepetit prescribes for children aged twelve months, the following mixture:

R. Acid. Sulphur. dil. . . . .	6 m.
Syrupi simplicis . . . . .	1 dr.
Aquæ . . . . .	3 dr.

F. S. A. To be taken in tea-spoonfuls hourly.

The dose of sulphuric acid varies between 1 scr. and  $\frac{1}{2}$  a drachm for youths and adults. The acid is also given in enemas, to be repeated two or three times in the day, in doses proportionate to the age of the patients.

To this treatment may be added tonics, and particularly beef-tea; its object is also promoted by warm baths containing about 10 or 12 pounds of salt. These baths have been known to recall to life persons in a state of cyanosis, in a quite unhopd for manner.

ART. 5732. THE TINCTURE AS A SUBSTITUTE FOR THE POWDER OF ERGOT OF RYE. — Ergot of rye is a remedy, which cannot be sufficiently recommended for the treatment of the hemorrhage, which follows or precedes labour. But the powder, which is the best of all preparations of ergot, becomes promptly deteriorated when kept, is difficult to swallow, induces vomiting and cannot be exhibited in enemas. In order to obviate these disadvantages, Dr. Caytan of Cappelen-les-Anvers replaces the powder by a spirituous solution, of which the author supplies us with the formula in the *Annales de la Société de médecine de Bruges*:

Coarse ergot powder . . . . .	2 dr.
Alcohol (sp. gr. 36°) . . . . .	6 dr.

Macerate during six days, shake the corked phial every day; strain the residue; allow the liquid to settle, decant or filter.

In common hemorrhage, Mr. Caytan begins with 1 dr. of tincture in coffee without milk, or in white wine; when the flooding is of alarming amount, he increases the dose, and has always succeeded in checking it either after confinement or miscarriage.

ART. 5733. A POWDER FOR THE LOCAL TREATMENT OF SCIRRHUS OF THE BREAST. — Some benign tumours of the mamma so closely resemble cancer, that highly experienced practitioners do not hesitate to recommend their excision. Dr. Chabrely, of La Bastide, relates in the *Journal de médecine de Bordeaux* several instances of these scirrhous-like tumours, which were cured without operation, but after three months uninterrupted application to the swelling of the following powder :

R. Farinæ amyli . . . . .	8 oz.
Iodinii pulveris . . . . .	8 to 15 gr.
Morphiæ muriatis . . . . .	7 gr.

M. This powder should be previously spread upon a layer of wadding, and kept in contact with the diseased part, by means of an appropriate bandage.

## ART. 5734.

### LEARNED SOCIETIES.

ART. 5734. ACADEMY OF SCIENCES. — Mr. Manec, surgeon of the Hospital of La Charité, related the details of a case of tetanus treated unsuccessfully by the exhibition of ourari.

The patient was a man aged thirty-nine, of strong constitution and sanguineous temperament, who, on the 6th of September last, was struck in the right shoulder by the pole of a carriage : a contused wound of the scapular region was the consequence, and also fractures of the scapula and fore-arm. On the 8th, the man complained of intense pain, for the relief of which sedative applications were resorted to. Already on the 9th, cramps were observed and stiffness of the jaws. At 8 o'clock P. M., at the above date, violent trismus appeared, and a mixture with chloroform was exhibited; during the following night, the symptoms became aggravated, the head was dragged backward, the anterior region of the neck was in a tense state of protrusion, with much anguish and pain.

Under these alarming circumstances, Mr. Manec, with the cooperation of Mr. Vulpian, whose researches on the subject of ourari are familiar to the profession, resolved upon prescribing the new remedial agent. Had the wound, which generated the symptoms of lock jaw, been situated in front of the body, the two experimentalists would, without any hesitation, have taken advantage of it as a portal for absorption; unfortunately it occupied the back, and the solution of ourari could not be kept in contact with its surface. An incision of 6 lines in extent was therefore performed with

a lancet in the middle of the left arm, and at 2.45, when the bleeding had ceased, two minims of a solution, containing  $\frac{1}{18}$  of a grain of ourari per drop, were poured into the wound, an operation which was repeated ten minutes later. At 3 o'clock, another incision of the same size as the first was made in the front of the chest, at one inch below the left clavicle. At 3.15, this new wound received one minim of a solution containing  $\frac{1}{9}$  gr. of ourari per drop. At 3.25 and at 4.32, the same amount of ourari was instilled, altogether about one third of a grain for the three instillations. At 3.40, a granule of pure ourari, weighing half a grain, was inserted into one of the wounds, and a similar amount again at 4.55. At 5.12, with Pravaz's syringe, 5 drops of a solution of 4 gr. of ourari in 12 min. of water were injected into the cervical cellular tissue, in the neighbourhood of the convulsed muscles. On this latter occasion, therefore, one grain of ourari was introduced at once into the system. As however no effect whatever was noticeable, after an interval of 41 minutes, another exactly similar injection was performed, and a third, of 12 drops, at 8 o'clock.

In spite of the exhibition of these successive doses, not the least remission of the symptoms was observed. The tetanus followed a steady onward progress, the paroxysms became more frequent, delirium appeared and the patient died in the evening at 10.15, without the permanent stiffness of the posterior muscles of the neck having been, even slightly, relaxed for a single instant.

— At the meeting of October 10th, a communication was read from Sir Benjamin Brodie on the use of ourari in tetanus. The illustrious English surgeon stated, through Mr. Flourens, that the idea of applying ourari to the treatment of tetanus had arisen and had even been carried out in England about fifty years ago. In 1811 and 1812, Sir Benjamin instituted experiments on the possibility of restoring life to animals poisoned with ourari; one of these, performed on a donkey, has been often quoted. It occurred to Mr. Sewell, who was present at these researches, and was struck by the extreme muscular relaxation of the poisoned subjects, that the toxic agent might perhaps be applicable in the treatment of tetanic convulsions. Sir Benjamin has been informed that the experiment was subsequently tried, but had failed. He is, moreover, of opinion that one or two cases of tetanus, cured in persons who may have taken ourari, would be utterly inconclusive as to the efficacy of the remedy, this disease, however serious, being in a certain percentage of cases likely to yield, whatever treatment may have been adopted. Mr. Velpeau took this opportunity of again reproducing, with regard to Mr. Chassaignac's case, the objections already presented by various members of the *Société de Chirurgie*, to which we refer in the leading article of the present number.

— Mr. Guillon forwarded to the Academy an instrument for crushing the stone, which he calls *sécateur*; with this mechanical contrivance, the large calculi, which always require lithotomy, may with ease be broken, reduced to powder and extracted from the bladder. This stone-crusher is moved by a lever, and its power is so great that it breaks marble. Mr. Guil-



lon states that it will rapidly divide into fragments, at onesitting, a stone of three inches in diameter ; in one or two other subsequent operations, lasting each from three to five minutes, the fragments can be reduced to powder with another instrument devised by the author, and as usual, these lithic remains escape with the urine, or may be carried away by injection.

ACADEMY OF MEDECINE. — A member of the Academy recently elected, Dr. Tardieu, the eminent medical jurist, has brilliantly justified the choice, which called him, by almost a unanimity of votes, to a seat in this learned society. Mr. Tardieu had to make an official report on a very obscure question to the Minister of Justice, on the occasion of an event, which occurred at Auch in the month of April last.

A man was found in his house, shot through the heart and with his clothes on fire. His death was ascribed to murder, and the brother of the victim was suspected of the crime. The hour at which the flame was extinguished is exactly known by the deposition of a witness ; if the extent and nature of the burns, which were found on the body, had enabled the medical witnesses to state the duration of the action of the fire, it might, in the estimation of the Procureur Impérial (Attorney General), have been possible to ascertain with precision at what time the fire was kindled, or, in other words, at what hour the fatal shot was fired, the Procureur Impérial adopting the opinion of the two medical jurists, who performed the *post-mortem* examination, that the clothes were ignited by the combustion of the powder. These various circumstances, combined with the presence at or absence, at a given time, from the victim's house, of the prisoner charged with the crime, would afford presumptive evidence of his guilt or innocence.

The question therefore arose whether the clothes had been set on fire by the powder and how long the fire had lasted. Unfortunately, the documents produced by the public prosecutor of Auch were insufficient, and in one respect, contradictory ; Mr. Tardieu skilfully pointed out the breaks in the chain of evidence. On the other hand, the instances of the clothes covering the body being ignited by the flame and heat of the gun-powder at the moment of explosion, are very unfrequent, and the experiments instituted by the committee to supply the place of the deficiency demonstrate that, although it is not impossible that a fire-arm discharged near the surface of the body should ignite raiment, it is at least a very unusual occurrence, and an exception to the rule. The committee also ascertained that, when fire is communicated to the clothes of the victim in such circumstances, it always begins in that part of the dress through which the bullet has passed, and in the case in point, this part was found intact. Mr. Tardieu also pointed out other peculiarities, utterly inexplicable, such as the burning of the hands to carbonization, while the wrist-bands of the shirt were uninjured by the fire. With such data, the committee could arrive at conclusions of too reserved a character only, to enlighten the magistrates, a circumstance of course to be regretted ; but the fault cannot

be imputed to the Academy, whose committee performed its duty with conscience and sagacity.

— Mr. Devergie read a short communication which, notwithstanding the apparent harmlessness of its title : *A Visit to Vichy*, produced great emotion. Vichy, the queen of French spas, where crowds annually resort from all parts of the globe for the purpose of bathing, has no pure natural water. “At Vichy,” says the annual Secretary, “we find no water for the table, but *well-water* saturated with calcareous salts, *hard*, not miscible with soap, and which imperfectly *boils* dry vegetables.” After noticing the serious disadvantages arising from the hardness of the water to the generally dyspeptic visitors at Vichy, Dr. Devergie expressed a wish that this state of things be remedied as soon as possible. He reviewed the different projects, elaborated by the town-council, to bring to the centre of the city the waters of the Allier and of the Sichon ; but the funds for carrying out these plans not being forthcoming, Mr. Devergie is of opinion that the best means of obtaining water for the table would be to appeal to the farmers, inn-keepers and land-holders, interested in the prosperity of Vichy.

This communication, as may have been expected, gave rise to strong protests. Dr. Alquié, Medical Inspector of the Vichy Thermal Baths, denied the accuracy of Mr. Devergie's denunciatory assertions. At the following meeting Mr. Depaul read a letter, addressed to him by Dr. Rortureau on the same question. It would appear from these two communications that there was a certain degree of exaggeration in the grievances set forth by Mr. Devergie ; but both implicitly acknowledged the legitimacy of his criticisms, by pointing out the efforts made by the local authorities to improve the condition of the potable waters. “The proof that the water is good at Vichy,” says Mr. Alquié, “is that for four hundred years no one has ever complained of its impurity.” “But,” replied Mr. Devergie, “if no one complained, and if Vichy possessed pure water for the table, why should the municipal administration, whose budget is so limited, occupy itself, as the Inspector himself has admitted, with bringing, at a great expense, the waters of the Allier and the Sichon into the centre of the town?”

— Mr. Ségalas made an oral communication, in which he described the simple and ingenious process, to which he resorted for extracting a double hair-pin, which had found its way into an artillery-officer's urethra.

Mr. Ségalas first ascertained that the pin had remained in the anterior part of the urethra ; he then unhesitatingly proceeded to its removal by a process, which he had successfully adopted once before, under similar circumstances. By pressure from behind, he caused one of the extremities of the pin to extrude through the glans, and forcibly drew it out as soon as it was perceptible ; as in the previous case, the extraction was promptly effected and without any loss of blood. Cold lotions and simple treatment were sufficient to obviate inflammation.

— At a preceding sitting Mr. Depaul exposed the conduct of an *officier de santé*, who, for the purpose of obtaining one of the medals annually distributed to medical practitioners, distinguished by their zeal for propagating vaccination, had deemed it expedient to magnify the number of vaccinations he really had performed.

The discovery of this fraud, which, though not new, is not the less blamable, secured to Dr. Boursier the medal intended for his unscrupulous fellow-practitioner.

**SOCIETY OF SURGERY.** — The Society, which first received Mr. Chas-saignac's interesting communication on the application of ourari to the treatment of lock jaw, resumed its adjourned debate on this question.

Mr. Bouvier gave a brief sketch of the researches published in 1855 by Mr. Alvaro Reynoso on ourari. From these it would appear that this poison, also denominated *woorara*, *urali*, *wourari*, etc., proceeds from one or several plants, containing an identical principle, the chief characteristic of which is, according to Mr. Reynoso, that it can not be absorbed unless when brought into contact with the blood. This opinion however, which denies to the digestive mucous membrane the power of absorbing ourari, is now assailed by all serious experimentalists.

Mr. Broca has received from Mr. Martin-Magron a letter, the tendency of which is to prove that hitherto the Society of Surgery has erred in believing, on the faith of travellers, that ourari is inactive, when introduced into the stomach. In his researches, instituted to rectify his own opinions on the subject, Mr. Broca quotes numerous experiments made by Fontana, which incontrovertibly prove the action of ourari taken internally. Only, this poison is much more promptly absorbed by animals, in a fasting state than during the progress of digestion : 5 gr. of ourari given internally did not poison a rabbit, during digestion ; some collapse was observable, but the animal recovered ; 6 gr. were necessary, during digestion, to cause death, whereas the same result was obtained with 2 gr. when the poison was given on an empty stomach. Ourari also killed a pigeon, when it was introduced into the stomach ; death happens, in that case, precisely as if the toxicagent had been deposited in the cellular tissue ; but as absorption is slower, its results are more tardy.

Mr. Claude Bernard having injected  $\frac{3}{4}$  gr. ourari into the rectum of a little dog, the animal died in five minutes.

Messrs. Pelouze and Claude Bernard have observed that the animal was suddenly killed when the ourari was injected into Wharton's duct, the pancreatic duct and the bronchi ; as soon as the poison reaches the minor bronchial divisions, the animal immediately falls.

In 1854, Dr. Vulpian, who was experimenting on frogs, caused death, when he introduced ourari into these animals' stomachs ; the same effect was produced on other cold-blooded animals, such as the newt, toad, salamander, etc. Ourari, given internally, also killed a Guinea-pig ; at that period Mr. Vulpian considered these results referrible to the nature of the animals experimented on, and he had not then generally established the possibility of the absorption of ourari by the gastric mucous membrane.



This absorption has been demonstrated by Mr. Pelickan, Messrs. Martin-Magron and Buisson ; and Mr. Claude Bernard himself acknowledges that ourari is absorbed by the stomach and induces death, absolutely as when it is deposited in the cellular tissue.

As a proof of the absence of absorption of ourari in substance, by the gastric mucous membrane, it was alleged that the urine of animals, who had swallowed this poison, was perfectly innocuous ; it was said that such urine contained no ourari, because, when injected into the cellular tissue, it caused no symptoms of poisoning. This, indeed, is true, if the urine is used without previous concentration ; but it is now proved by Messrs. Martin-Magron and Bouisson's researches, that if the fluid is concentrated before the injection, the phenomena of poisoning by ourari are induced. If, in the first instance, the experiment gives a negative result, it is due to the too small quantity of ourari contained in the liquid injected ; it is absolutely necessary that the urine be evaporated. This experiment clearly proves that ourari is absorbed by the stomach in substance and without undergoing any decomposition.

Mr. Broca is inclined to believe that ourari administered by the stomach exercises on the system a slower and more permanent action and consequently one better adapted to contend with tetanic rigidity. Mr. Broca insists on the indispensable necessity of using in medicine but one kind of ourari, and in preference that of South America, the only species which has been tested by physiologists. This ourari is very different from those of Africa and the East Indies. The same vegetable, a twining shrub, the bark of which has been boiled, constitutes its fundamental part ; but the extract thus obtained is of variable strength, and consequently a more or less considerable quantity must be used to produce the same effect.

Mr. Gaudot, who supplied to Mr. Claude Bernard the ourari for his experiments, asserts that it required 12 or 18 arrows to kill a bear of the Cordilleras, an animal which is smaller than the bear of Northern countries.

Mr. Waterton states that a single arrow killed a wild boar, which had been wounded in the jaw ; the animal was still able to run 150 yards and then died. An ox was killed with three arrows ; a single one nearly caused the death of a female ass ; but the animal was fortunately recalled to life and preserved by Mr. Waterton, on whose estate it lived several years after. Her owner called her *Woorarine*, from the word *woorara*, the name of the poison, which had brought her into imminent danger.

Happily there exists an active principle of ourari. *Ourarine* has been extracted from ourari by Messrs. Boussingault and Roulin. It is an alkaloid as yet but little known, but which alone can regularize the experiments made with the new therapeutic agent. In the mean time, ourari must still be used, and the experiments hitherto instituted induce the belief that it is possible to exhibit to man the dose of  $2\frac{1}{2}$  gr. in a single sub-cutaneous inoculation, and about one drachm in a mixture, provided the stomach be not empty. From all these investigations Mr. Broca draws the following inferences :

1. That concentrated ourari induces toxic accidents;
2. That it does not cause death, if it is diluted;
3. That it is not inactive when introduced into the stomach;
4. That it may be exhibited in this manner in larger doses;
5. That, before administering ourari, it is necessary to ascertain whether the stomach is empty;
6. That the action of ourari is more persistent when the substance has been introduced into the stomach, than if it is brought into contact with a wound;
7. In case of toxic phenomena appearing in the human subject, the sole remedy would be to practice artificial respiration with a laryngeal tube; six respirations per minute sufficed to recall to life an ass poisoned by ourari; in these cases the heart continues to beat long after respiration has been suspended.

## ART. 5735.

## BIBLIOGRAPHY.

*Études médicales sur l'ancienne Rome* (Medical studies on ancient Rome), by J. Rouyer, M. D., of the Faculty of Paris (1).

At the peril of his future renown, an author chooses the subject, most agreeable to him: he is absolute master of his choice. But has he a right to bestow on his book a title, which does not present an accurate idea of the work? Rigid censors would perhaps be inclined to think that the prerogative of fancy ends, where the less exalted but equally respectable right of the purchaser commences. A medical man, they might argue, a friend of science, buys an octavo volume because it is entitled: *Medical Studies on ancient Rome*. No previous criticism having forewarned him, the serious reader must think himself in presence of a work of medical lore in which he may expect to find pathological and therapeutic indications, the result of learned investigations on the diseases prevalent in Rome, and on the mode of treatment adopted in antiquity. He cuts open the leaves of the book, and out of 235 pages, he finds 103 devoted to anecdotes of midwives from Juno to Madame Boivin, passing through the patriarchal tent of Rachael and Thamar to arrive at the wards of the Hotel-Dieu. But this physician, this lover of scientific works already possesses in his library Delacoux's *Biography of celebrated midwives*.

And unfortunately the first six chapters of the book do not much better justify the title. These do indeed refer to the customs and usages of the Romans; they are, if you choose, studies of manners, of bad manners, but that they are medical studies, is very controvertible. It is true, baths, magicians, abortion, eunuchs, infibulation, depilation as well as cosmetics

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(1) 1 vol. 8vo. A. Delahaye.

and perfumes considered in a medical point of view, might enter, as elements of observation, into studies of the strange causes and symptomatic peculiarities of certain diseases, common in the capital of the empire; philters and abortive or aphrodisiac preparations of the *sagæ* have their share in the therapeutic data, which Pliny and the medical practitioners of the imperial period bequeathed to the Arab schools and to the empirics of the middle ages. This disgraceful aspect of Roman civilisation might therefore, or rather should find a place in genuine medical studies on ancient Rome; a large place doubtless, because the corruption of the ancients was immense; but yet at Rome there were other excesses than those, which Mr. Rouyer has been exclusively pleased to delineate; and without the pale of the morbid consequences of bad passions, there were, as at present with us, diseases of all kinds, which were not occasioned by vice. Is it not strange that in *Medical Studies on Rome* not a word should be uttered of these? And why does the author, who has voluntarily confined himself to the space, which the ancients limited by the image of the god of gardens, seem less intent on pointing out as a physician the diseases thus generated by profligacy, than as a literary antiquarian, on depicting its procedures and adjuvants? "My intention," says Mr. Rouyer "has been in this volume to collect the testimonies of authors, strangers to medicine. "Very good! And Horace, Juvenal, Martial, Ovid, Tibullus, Petronius are the principal contributors to a work, which is, in substance, but a selection of the most objectionable quotations from these erotic poets and bold satirists. And yet the greater part of these citations are construed... Medical men however understand Latin... For whom then are we to suppose these *Medical studies* are intended?

We repeat it, the title is ill-chosen. If the compiler, desirous of collecting what the licentious writers of the last centuries have written in verse or prose on the refinements of debauchery, on the complicity of vile complaisance, on enervation resorting to dangerous stimulation, on the criminal practices of abandoned women to escape the consequences of their misconduct, sought for a title to his selection, divested of hypocrisy, he would perhaps call it *The mysteries of contemporaneous debauchery*. Dr. Rouyer has elaborated with much care, patience, talent and literary erudition the *Obscæna* of Roman life in the time of the emperors. Our young fellow-practitioner reserves to himself, he tells us "to write subsequently, the history of uterine affections from ancient authors." We shall then have to review a *medical study*: but we at once record the success, at least, of curiosity, which will be justly achieved among general readers by the *Studies of a physician on Roman priapeia*.

Published apart, the seventh chapter of the *Studies*, this digression in a half volume, which we have already noticed, would certainly be perused with interest by every reader desirous of initiation into the *History of women who have practiced medicine*. We willingly extract what the author says of the condition of midwives in Greece:

"At Athens, men practiced obstetrics; but it appears that the obstetric art was more specially the province of women; men exercised it but accidentally... The Greek midwife attended women during gestation, during



and after parturition. She generally supplied the *medicines* required, prescribed hygienic rules to be observed in pregnancy, and she likewise participated in certain ceremonies, which were performed after confinement. Uterine affections and all the illusory practices for the treatment of sterility were also among her attributes.

“Moschio, one of the earliest authors who wrote specially on the diseases of women, acquaints us with the qualities required of midwives: “What midwife is the ablest? — She who has studied literature, who is intelligent and has a retentive memory; she must be studious, active, strong, healthy, not irritable nor troublesome; she must, in addition, be compassionate, temperate, chaste, quiet and liberal. “Moschio” adds a peculiarity relative to costume: *Viriliter cincta sit.*”

“Few names of Greek midwives have been handed down to us, and of these the details we possess are insufficient to establish their identity... Pliny acquaints us with the names of Laïs, Elephantis, Sotira and Salpe. It is not known whether Laïs the midwife, was the same as the courtesan or rather one of the courtesans of that name, mentioned in several authors. She is supposed to be the same that granted her favours to the philosophers Aristippus and Diogenes as well as to the orator Demosthenes. After having studied the art of midwifery, she gave herself up to pleasure and debauchery, and obtained a reputation which she knew how to turn to account.

“Elephantis has written on abortives and paints for the face; but her works have not reached us; nor those extremely licentious books, which delighted Tiberius at Capræ. He possessed a copy on which he set a great value, and which was in its kind a counterpart to Parrhasius’s celebrated picture. It is also spoken of in an ancient epigram, in which are mentioned paintings from the works of Elephantis, which treated of a subject subsequently taken up by Aretino, to which Caracci, it is said, lent the aid of his pencil.

“Socrates was the son of the midwife Phenaceretes; the philosopher Pyrrho had a sister, who was also a midwife... The most celebrated of Greek midwives is Aspasia, of whom some fragments remain, preserved by Aëtius. It may again be inquired whether this Aspasia is the same that was Pericles’ mistress and Socrates’ master, and it is generally admitted this supposition has no foundation but the name. Authors are agreed that the midwife Cleopatra was no other than the celebrated queen of Egypt; this opinion rests on the midwife’s mentioning, in the preface to her work, a sister named Arsinoë, which was also the name of a sister of the queen of Egypt. Plutarch, however, who speaks at some length of the queen of Egypt in his life of Mark Antony, does not make any mention of her having practiced medicine or midwifery.”

The nomenclature of Greek midwives would justify Sterne’s observation that there needs but little skill in grammar to understand that a *sage-femme* (midwife) and a *femme sage* (a well-conducted woman) may very well not be met with in the same person. Mr. Rouyer reproduces this epigram of Tristram Shandy’s and takes his stand upon it for the etymology of the name of our familiar Lucinas. “There existed at Rome,” says he, “a

class of women denominated *sagæ*, who carried on a number of small trades, which are usually clandestine; they were at the same time sorceresses, procuresses and perfumers, and were also in request for confinements, but more especially for abortions. Their name, *Saga*, has come to signify women engaged in obstetrics, *sages-femmes*, the adjective being placed before the substantive to avoid all confusion." We much doubt whether etymon or commentary will be much to the taste of our matrons.

The author of the *Medical Studies on ancient Rome* has too much merit for us to hesitate laying before him a few critical observations, which principally bear on the title of his book. A medical practitioner is not, in virtue of his diploma, excluded from the ranks of men of letters; his writings, without being precisely medical, may, like other works of merit of any kind, claim that favour, justly acquired by compositions attractive by their form and piquant by their subjects. In both these respects Dr. Rouyer's essay will meet with its due meed of public applause.

## ART. 5736.

### MISCELLANEA.

The Convalescent Invalid Asylum of Vésinet was duly inaugurated on 30th September last, under the presidency of the Duke of Padua, Minister of the Home Department. This new creation fills up an important chasm, long felt in the public charities of Paris. The object of the decree of 8th March 1855 was originally to afford to artisans, on their discharge from the hospitals or mutilated in their workshops, an asylum during convalescence, and a place of retirement; the institution of Vincennes, inaugurated the 31st August 1857, answered the end to be attained by the first part of this decree. In the space of two years this establishment received about 9000 persons in a state of convalescence. The number of beds occupied, the average of which was 270 in 1858, amounted, for the first nine months of this year, to 327. These convalescent invalids were sent, not only by the hospitals of Paris, but also by the charitable boards, the benefit societies and the great workshops, who subscribe for a certain number of places in the Asylum.

The Vésinet Asylum was to receive maimed artisans, but the Emperor, struck by the results obtained in the establishment of Vincennes, decided that of Vésinet should be specially affected to the work-women of the Department of the Seine.

The reason of this change of destination is easily justified. The admission of maimed workmen being necessarily definitive, the number of places to be disposed of would have been very limited, and would not have exceeded an annual average of 15 or 20, whereas the stay of the convalescent being but temporary, 5000 or 6000 women may annually enjoy the benefit of the new institution.

On leaving the hospital, the workman cured, but still weak, finds at

Vincennes a peaceful retirement, where attentive care concurs, with the best hygienic conditions, to restore him to the health he needs for resuming his life of labour. It was just that woman, who shares man's fatigue and who brings so large a share of devotion to the family and to society, should inspire at least an equal interest.

The Imperial Asylum of Vesinet occupies one of the pleasant sites of the environs of Paris, between Chatou and le Pecq, in the commune of Croissy.

A spacious avenue leads to the Asylum, the approach of which is by two iron gates. The extreme simplicity of the construction does not exclude elegance, and the edifice as a whole, with the building surmounted by a dome, which occupies the centre and the vast pavilions at each side, presents quite a monumental aspect. It does not contain fewer than 330 beds, distributed to the number of 10 or 12 in each room; 24 are provided with cradles. On the ground floor of the principal building are two dining-halls separated by a vestibule and surrounded by a heated glass gallery; above is the chapel, placed directly under the cupola. On the right and left are spacious rooms for walking, with exterior terraces. In the pavilions are the linen-rooms, to which are attached rooms for folding and ironing; the wash-house, the dispensary, herb-rooms, infirmary, the kitchens with their basement, baths, etc.

The conveniences of the service leave nothing to be desired, and steam engines set the whole in motion. A pure and salubrious air circulates in the wards, and is constantly renewed by a powerful ventilator, which does not supply less than 81,000 cubic feet per hour. Special contrivances keep the air cool in summer and warm in winter. All the stories of the edifice are provided with cocks, which supply, as required, cold or hot water.

Right and left are outhouses, stables, coach-houses, etc., and a fine cow-house has been formed in the park of the establishment. The Asylum is surrounded by gardens, and carefully kept lawns; the service has been entrusted to the community of Sisters of Saint-Vincent de Paul, whose pious zeal and indefatigable devotedness are well-known.

In the inaugural speech delivered by the Minister of the Interior, which was much applauded, his Excellency expressed a highly suggestive sentiment. The indefinite progress of industry has profoundly modified the conditions of the existence of woman. Formerly she worked at her own hearth, in a sort of private work-shop, which was the centre of the family; now the exigences of manufacture, and the use of machinery have rendered necessary vast agglomerations of individuals of all ages and sexes. The mother has been compelled to leave her home in quest of bread; the daughter, wrested from maternal watchfulness, has been exposed to every species of temptation. Industrial occupation, as it is organized, tends to loosen family ties. "There is," said the Duke of Padua, "in this situation more than a question of political economy, it involves one of the highest interest to society and to civilization."

From our point of view, it would be worthy of inquiry how these new conditions of existence, have reacted on the health of women of the opera-



tive classes, on the character of the diseases of their sex, on the constitution of their children. It is however certain that, exposed as they now are to the numerous dangers, from which artisans suffer so much, female have the same claims as male operatives on an enlightened solicitude, which protects them in the critical situation, in which they are on their discharge from the hospital. If new necessities remove from the domestic hearth those mothers, those daughters, those sisters, who would have formerly revived by their affectionate care a convalescent sister, mother or child, it is right, it is just that public charity should take charge of restoring to health and strength those poor creatures, who have lost both in the hard toil and insalubrious atmosphere, in which industry contends for the profit of society.

— We have received from Mr. Charrière, Sr., surgical instrument manufacturer, the following letter :

To the Editor,

Sir, In an excellent article, in your number of September last, on the treatment of neuralgia by subcutaneous injections, you give, in conclusion, a description of the apparatus, for performing this operation.

You say, that in France Pravaz's syringe is used, and you add, that this instrument has undergone, at Mr. Béhier's suggestion, some modifications, the principal of which are : 1. The addition of two small metallic rods, which diminish the fragility of the glass-tube and impart more solidity to the fitting of the instrument; 2. the capillarity of the puncturing trochar and of the canula which guides the liquid.

I beg to remark : 1. that all Pravaz's syringes, sold by us for about ten years past, as well as the trochars, which form a part of the apparatus, are of the same calibre as the instruments hitherto employed by Messrs. Béhier, Becquerel, Hérard, etc.; that in this respect nothing has been changed in the model supplied to us by the much regretted surgeon of Lyons, for performing injections of perchloride of iron; 2. that the addition to the glass barrel of the pump of two protecting metallic rods is not a new invention; this arrangement is described most clearly in the notice published by my son on the occasion of the Universal Exhibition, 1st edition, 1855, page 30, and fig. 69, page 49; 2nd edition, 1856, page 31, and fig. 53, page 39.

I have the honour to be, etc.

CHARRIERE Sr.

— We have too frequently had occasion to borrow from the proceedings of the Society of Surgery the practical information sought by our journal, not to call attention to the well-deserved distinction lately bestowed on the Society. An Imperial decree recognises the Society of Surgery as an establishment of public utility, and confers on it the privileges thereunto appertaining, such as that of receiving legacies and donations, etc. In announcing the auspicious event, to the accomplishment of which the high influence of Messrs. Larrey and Conneau appears to have honourably

contributed, we shall probably gratify our readers by some detail on the origin and composition of this association.

The Society of Surgery founded in 1843 by 18 hospital surgeons, and whose first president was Bérard Jr., is now composed of 35 titular and 7 honorary members, among whom are Messrs. Velpeau and Cloquet, of 11 members of the Academy of Medicine, 46 national corresponding members, almost all at the head of the principal civil and military hospitals of France, 16 foreign associates, and finally of 28 foreign corresponding members; amounting in all to 143.

During the last sixteen years, notwithstanding political and social events, the meetings were never suspended; but on the contrary its labours were ardently pursued. In this period it has published four and a half quarto volumes of papers and eight octavo volumes of transactions. Granting encouragement beyond its own pale to laborious youth, it awards an annual prize for the best surgical thesis (Duval prize); and has likewise given prizes on questions proposed by itself; in short, it has united and caused to participate in its labours, almost all the most illustrious men connected with modern surgery.

— The inauguration of the General Association of the Medical Practitioners of France took place on Sunday 30 October in the new building of Public Assistance. At 2 o'clock the committee of founders was assembled; the delegates of the departments and some of the dignitaries of the Faculty of Paris occupied the lower benches; other members filled the rest of the vast amphitheatre.

The Secretary General read the decrees by virtue of which the General Association is henceforth constituted. Mr. Rayer, who filled the chair, then delivered an oration, in which he pointed out the double advantage the medical corps may derive from the connection between the local associations and the general association. After Mr. Rayer, Mr. A. Latour expatiated on the history of what had been done relatively to the General Association. The Secretary General reviewed the obstacles, which had to be surmounted, the objections raised, the hopes which had been entertained, and the probability of its future greatness. These probabilities assume an aspect of certainty from the fact that after eighteen months' existence, the Association reckons 27 local societies and 2500 adherents.

— The profession in Paris has to deplore the loss of another of its members, Dr. Gillette, Physician to the hospital of Infancy and to the Imperial College of Louis-le-Grand. This gentleman, one of the most worthy and honourable of our fellow-practitioners died after a few days' illness, at the age of 59 of diphtheritic angina, contracted at the bed-side of one of his young patients.

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For the articles not signed: H. CHAILLOU.

*Chief Editor.*

## ART. 5737.

*General Association of the medical practitioners of France. — Tetanus unsuccessfully treated by ourari. — Re-establishment of the professorship of pharmacology at the Faculty of Medicine of Paris.*

We know not whether the General Association of the medical practitioners of France will realize expectation; but it may at present be averred that the committee, appointed to conduct this vast enterprise to a successful issue, has not been wanting in devotion, intelligence, or that energetic will which surmounts or removes obstacles.

As we stated in our last number the Association held its first great meeting in Paris on the 30th and 31st October, and it was attended by the following presidents and delegates of local societies : Dr. Lejeune of Laon; Dr. Bourbier, of Saint-Quentin; Dr. Vastel, of Caen; Dr. L'Homme, of Bourges; Dr. Vallée, of Dijon; Dr. Gaudet, of Chatillon-sur-Seine; Dr. Sanderet, of Besançon; Dr. Gestin, of Quimper; Dr. Roch, of Alais; Dr. Mabit, of Bordeaux; Dr. Cornuau, of Châteauroux; Dr. Crozat, of Tours; Dr. Escoffier, of Saint-Étienne; Dr. Lafond, of Nantes, represented by Dr. Petit; Dr. Houssard, of Avranches; Dr. Cazeneuve, of Lille; Dr. Colson, of Compiègne; Dr. Voillemier, of Senlis; Dr. Bancel, of Melun; Dr. Saint-Amand, of Meaux; Dr. Michelin, of Provins; Dr. Pénard S<sup>r</sup>, of Versailles; Dr. Bardinet, of Limoges.

Dr. Rayet, president of the General Association, delivered an address, from which we extract the following passages :

“Honoured and dear Colleagues,

“When, nine months since, following the generous initiative of the physicians of the department of La Gironde, I undertook to carry out an idea which I adopted, I durst not, in my most sanguine hopes, foreshadow the spectacle I now behold; a work seriously begun, an established organization, a fruitful propagation, the concurrence and support of so many eminent men here assembled.

“It is my duty, as it is my great gratification, to state that this result



is due to the committee of founders, without which nothing of the present organization would be in existence.

"Eminent members of our profession, surgeons or physicians, a renowned juriconsult, whom public suffrage places among the first of our distinguished economists, the skilful and experienced director of Public Assistance, our Secretary General, who has unreservedly devoted himself to the cause and whose indefatigable hand may be traced in all that has been done in the name of and for the association, these gentlemen have drawn up the plan, studied the details, arranged the mechanism of a work, which, exceeding all that has been hitherto conceived, has the pretension and hope of embracing all France.

"The committee of founders has not deemed it expedient merely to extend the limits of the provident and benefit societies, which have spontaneously arisen in various localities among medical men; it has not intended to create in Paris a centre of action, which, substituting itself for all, should govern all. But a decisive end, which had obtained much of its solicitude, has been attained, namely, to have, at the same time, sectional societies and a general society, the parts and the whole, thus combining local action, which is the surer, with common action, which is the more elevated.

"The local associations will derive from the general association a vitality, in which they were previously deficient. Some have lasted and prospered; but all have not been able to constitute themselves, so necessary is common to individual existence!

"What had been elaborated with application and maturity had to pass through the ordeal of examination by the public authorities. Mr. Delangle, then Minister of the Home Department, the superior committee of encouragement and supervision of benefit societies, its vice-president, Mr. de Rouher, its reporter Mr. de Melun, gave us their kindest support. They perceived in our end and aim naught but what was deemed worthy of countenance, and their judicious control became our security.

"When subsequently the supreme sanction was requisite, the Emperor refused neither his attention nor his patronage.

"The necessary sanctions once obtained, the committee of founders employed its leisure and the powers conferred on it, in promoting the work of organization: proposing to the medical body to adhere to its statutes, urging the formation of local societies; receiving those desirous of admission, establishing the central society destined to gather together the scattered members of the profession and administered by a committee, the two vice-presidents of which are the most eminent representatives of civil and military medicine.

"A long vista now opens before us; to extend and strengthen the spirit of local association, to connect the societies with a centre, assist the less rich by the means of the more affluent, to ensure everywhere succour and protection and prepare the way for a body, which may assume a moral ascendancy of opinion over medical practitioners to elevate them, over the public to elevate medicine. Such is the object of our efforts...."

Mr. Amédée Latour, the Secretary General, then read an

account of the labours of the committee of organization, a most remarkable document, with a perusal of which in extenso we should have desired to gratify our readers; but we must fain content ourselves with reproducing that part, which makes known the efforts of the committee to promote the formation of local societies.

“ The committee, on being made acquainted with the Minister of the Interior’s approbation of our statutes, hastened to give them the greatest publicity; the President of the Association forwarded them, accompanied by the circular N° 1, a brief though adequately detailed commentary of their contents, and adhesions were requested from all fellow-practitioners of Paris and the departments of France.

“ This first and sole appeal, made to the medical profession, has been attended with most satisfactory results. Above 1500 individual adhesions have reached us.

“ Then, Gentlemen, a grave question presented itself to the deliberations of the committee. Was it more urgent and more expedient immediately to organize the *Central Society* at Paris or previously to institute *local Societies* in the departments and arrondissements (1).

The committee decided on the adoption of the latter system; it slowly organized the central society, now in operation, and exerted every endeavour, on the contrary, to organize as quickly as possible local societies; and it deems it a duty to submit to you the motives of its temporization on the one hand and its activity on the other. They are as follows:

“ The committee could not be insensible that the most serious objection raised against the project of a general association was that of concentrating the vast organization and difficult direction of a benefit society extending to all the medical practitioners of France.

‘ How’, said its opposers, ‘ would the Association be enabled to ascertain the moral value of its members? Whence derive the information requisite for the due appreciation of the legitimacy and expediency, either of a claim for assistance and for moral support in favour of one of its associates?’

“ The institution of local societies, wherever it was possible, was the sole practical means of connecting with the general association the numerous adherents with whom the committee had to cooperate. The local societies, in addition to the advantages they afford as to facility of working and simplification of mechanism, likewise present the great moral utility of diffusing the spirit of association, of bringing together practitioners, who have the most interest in meeting and in being acquainted, of keeping up, precisely where the most opposite interests are in presence, the spirit of reciprocal kindness and good brotherhood. The medical gentlemen, disseminated over the departments and connected with the associa-

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(1) From the number of arrondissements of France the local societies might amount to 363.

tion but by the bonds of the central society, although members, remain in their state of insulation, are not aware of such a neighbouring fellow-practitioner forming, like themselves, part of the Association; this class of members have no intercommunication; they neither see nor feel the consequences of the protective confraternity to which it is the mission of the Association to give rise; they are indeed associates, but they are not united

“ The committee then has considered it advisable to exert all its efforts, and it has continued them to the present time to organize the Association of local societies in the greatest number of places possible.

“ But that, Gentlemen, is a long and complicated labour, which has required a voluminous correspondence, for the exigences of which all our zeal has been sometimes, and I fear too often, insufficient. It was first necessary to ascertain the disposition of the medical profession of the department or arrondissement; for, without this information, we should have had naught for our guidance but the register of adherents. When we found on the register that the adhesions had nearly or quite equalled the number required by the regulations (25), we opened a correspondence with one or several adherents, whom we knew to be sympathetic and whose position permitted them to act with a certain degree of efficacy on their fellow-practitioners. We then offered them the mission of convoking the medical gentlemen of their localities, to propose to them the formation of a local society connected with the General Association, and in order to abridge and facilitate all preliminaries, we forwarded a draft of statutes, previously submitted to the superior administration, whose prior assent had been procured.

“ When these measures were attended with a beneficial result, we sought to complete our intervention by guiding the new societies in their proceedings with the local or superior administration for the attainment of the Minister's approbation and the Emperor's decree, which appointed their president.

“ What, Gentlemen, has been the result of these exertions? In the great majority of cases, they have been crowned with success. Time has not permitted us to do more; but of about 40 departments or arrondissements, which have more or less been influenced by the action of the committee, 26 are represented in this solemnity, 4 are performing the necessary formalities, several others are in a more or less advanced state of organization.

“ This considerable result the committee has much gratification in announcing; it is calculated to encourage the general council, about to succeed us, to persevere in measures which have, in a short time, gathered round the General Association almost one third of the departments, and which, without any vain delusion, may induce the expectation, for this day next year, of at least double the number.”

The Secretary General then read two tables; one showing the local societies at present instituted and uniting a total number of 1237 members, all connected with the



General Association; the other containing the adherents of the departments, who, from absence of local societies or postponement in the annexation of the existing societies, could not be represented at the inaugural meeting. Among these departments, La Charente numbers 80 adhesions, Le Var 48, La Haute-Garonne 28, La Meurthe and l'Yonne 24, Les Deux-Sèvres 23, Les Vosges 22, La Nièvre 21, Le Haut-Rhin and La Vendée 20, La Dordogne, La Haute-Marne and L'Hérault 19, etc.

Upon the whole, the General Association, either by the central society or by the local societies in connection, unites at the present time 1557 members, whose admission has been pronounced and to whom are about to be added 1014 candidates for admission, which will shortly raise the total number of members to 2571, representing about one eighth of the medical population of France.

On 31st October, the meeting proceeded to the election of officers and of the 25 members of the council to constitute for five years the general council of the General Association.

The following gentlemen were elected vice-presidents :

Drs. Andral, Cazeneuve, of Lille; Cruveilhier; Mabit, of Bordeaux.

Mr. Amédée Latour was elected secretary general by acclamation.

Mrs. T. Gallard and Leon Gros were also acclaimed vice-secretaries.

The following gentlemen were elected by ballot, some unanimously, members of the council :

Mrs. Bardinet, President of the local society of La Haute-Vienne, Director of the School of Medicine of Limoges; — Claude Bernard, Member of the Institute, Professor of the College of France, etc.; — Bertillon M. D.; — Bouillaud, Member of the Imperial Academy of Medicine, Professor of the Faculty of Medicine of Paris; — Conneau, first Physician in Ordinary of His Majesty the Emperor, Member of the Imperial Academy of Medicine; — Denonvilliers, Inspector General of Public Instruction, Professor of the School of Medicine, etc.; — J. Guérin, Member of the Imperial Academy of Medicine; — Houzelot, Secretary of the local society of the arrondissement of

Meaux, Surgeon of the Hospital ; — Jeannel, Secretary of the local society of La Gironde, Professor of the School of Medicine of Bordeaux ; — Jobert (de Lamballe), Member of the Institute, Professor of the Faculty of Medicine of Paris ; — Larrey, Member of the Military Board of Health and of the Imperial Academy of Medicine ; — Laugier, Member of the Imperial Academy of Medicine, Professor of the Faculty of Medicine of Paris ; — Lejeune, President of the local society of Laon ; — Michel Levy, Member of the Military Board of Health and of the Imperial Academy of Medicine ; — L'Homme, President of the local society of Le Cher ; — Mélier, Medical Inspector general, Member of the Imperial Academy of Medicine ; — Michon, Surgeon of the hospital of La Pitié ; — Pénard, President of the local society of Seine-et-Oise, formerly Head-surgeon of the hospital of Versailles ; — Ricord, Member of the Imperial Academy of Medicine, Surgeon of the hospital du Midi ; — Sanderet, President of the local society of Le Doubs, Director of the School of Medicine of Besançon ; — Ségalas, Member of the General Council of La Seine and of the Imperial Academy of Medicine ; — Tardieu, Member of the Imperial Academy of Medicine, Physician of the hospitals ; — Vastel, President of the local societies of Le Calvados, Director of the School of Medicine of Caen ; — Vernois, Physician of the hospitals, Member of the Board of Health of La Seine ; — Villermé, Member of the Institute and of the Imperial Academy of Medicine.

The newly elected general council immediately met and proceeded to the appointment of the members of the judicial and administrative Council of the General Association.

The following gentlemen were elected *nem. con.*

Mrs. Andral J<sup>r</sup>, Barrister of the Imperial Court ; — Bethmont S<sup>r</sup>, Barrister-at-law, formerly President of the Council of State ; — Bethmont J<sup>r</sup>, Barrister of the Imperial Court ; — Michel Chevalier, Counsellor of State ; — Davenne, Director of Public Assistance ; — Leplay, Counsellor of State ; — Littré, Member of the Institute.

Mr. Chaillaux, Treasurer of the Hôtel-Dieu, was appointed Accountant of the General Association.

— The treatment of tetanus by ourari is undergoing in its results intermittences which, without utterly dispelling the hopes grounded on Mr. Claude Bernard's communication, derogate from the credit of this medicine. Mr. Vella's success has been succeeded by the failure of Mrs. Manec and Vulpian; and now, as if to counterbalance the return of confidence, occasioned by Mr. Chassaing's case, Mr. Henri Gintrac of Bordeaux on the one hand, and on the other Mr. Follin, in Paris, communicate to the press and to the learned societies accounts of two new attempts as carefully conducted and as unfortunate as that of La Charité.

On the 4th October, writes Mr. H. Gintrac, a young man aged 18, having previously enjoyed perfect health, hurt his right foot while walking without shoes and stockings. The sharp end of a nail entered the sole about one third of an inch. The foreign body was extracted, and three days after the wound was cicatrized. On the 17th, intense head-ache, erratic pains in the limbs, and a feeling of rigidity, towards the nape of the neck, were complained of. The 18th, the trunk could with difficulty be bent forward and the maxillæ were tightly locked. Conveyed on the 19th October, at five in the morning, to Saint Andrew's hospital, the patient presented unmistakable symptoms of acute tetanus. The 20th, after a vapour bath, twenty leeches along the spine, 3 gr. extract of opium in five pills, inhalations of chloroform, two blisters applied to the epigastrium, with Mayor's hammer, an active treatment which was unavailing. M. Gintrac exhibited ourari as follows :

1. Gum-mixture with  $1\frac{1}{2}$  gr. ourari to 4 oz. of excipient, to be taken in spoonfuls every two hours ;

2. Solution of ourari in distilled water 3 gr. to 15 gr., so that each drop of liquid might contain  $\frac{1}{5}$  gr. ourari. By the aid of Pravaz's syringe a drop of this solution was introduced into the subcutaneous cellular tissue of the trunk, face, upper and lower extremities at 9 o'clock A.M., 10.30, 11.30, 12.30, P. M. 2.30, 4.30, 6.30, 9.30, so that in the day  $1\frac{1}{2}$  gr. ourari was injected under the derma. In the evening no remission was observed. On the 21st, the muscular contraction was energetic and



unremitting; no modification was perceptible either in the trismus or the opisthotonos; 36 inspirations, 140 pulsations. (Same gum-mixture with ourari; injection with Pravaz's syringe of  $\frac{1}{5}$  gr. ourari at half past 6, 8, 9, 10, 11.30, A. M. 1.30, 2.30, 5, 6, 9 and 11.30. P. M., viz. 2 gr. ourari. Beef-tea.) During the whole day, the patient constantly screamed with pain, the body was rigid and motionless and the head thrown back.

On the 22nd, the spasmodic contraction displayed a tendency to invade the entire muscular system. (In the course of the day, injection with Pravaz's syringe of 3 gr. ourari). In the evening violent pain, which became excessive during the paroxysm.

On the 22nd, perceiving that the ourari employed had produced no distinct effect, either physiological or therapeutic, Mr. Gintrac instituted experiments on rabbits, and finding in the mode of action of the agent considerable inequalities, he ordered by telegraph, from Mrs. Mialhe and Grassi, a fresh supply of ourari, which was forwarded without delay; at the dose of  $\frac{3}{4}$  gr. it killed rabbits in four minutes. Injections of the fresh drug were administered to the patient, on the 24th, at a dose of  $\frac{3}{4}$  gr., the 25th of  $2\frac{1}{2}$  gr., the 26th of  $3\frac{1}{3}$  gr. On the 27th, the patient died.

The following is the case, related by Mr. Follin to the Society of Surgery: On the 4th November, a poor man was, in consequence of an injury sustained in the forearm, attacked with well-defined opisthotonos; the ourari treatment was instituted.

At 8.30 A. M. first injection of ten drops of a solution of ourari of a strength of one per cent into the sub-cutaneous cellular tissue near the wound (each drop thrown in by half a revolution of Pravaz's syringe of about the weight of  $\frac{1}{2}$  gr.). A further injection every succeeding half hour, augmenting progressively the dose, so that, at 2.30 P. M., 24 drops of the solution were injected. At 4.20 a more concentrated mixture (Mr. Mialhe's) was used, but reducing the number of drops to five. Involuntary contractions were observed, and every half hour the injection was augmented so as to reach 14 drops at 9.15. At 11 the improvement was evident; 22 drops of the solution

were injected into the sub-cutaneous cellular tissue of the chest, but the amendment was of no duration; the condition of the patient became aggravated, and death ensued at 3 o'clock on the following morning.

Now, in both these cases, the ourari employed presented every desirable guarantee. It was administered in proper time. We may inquire if the doses were sufficient. This question was put by Mrs. Gintrac and Follin, and this is really the practical point to be elucidated. If, as Mr. Claude Bernard observed, diseased or mutilated animals are not influenced by ourari in the same manner as animals in health; if ourari is eliminated with unheard of promptitude, it is possible the dose of ourari should, at the first, have been carried, as Mr. Broca remarked, to  $\frac{1}{2}$  gr. for each injection. There is however so much contradiction in all that is published on ourari, that we should not be surprised to find this agent abandoned for some other, and experimentalists turn their attention to sub-cutaneous injections of opium, which appear to have obtained much success in America.

— By an Imperial decree of 15th November, Mr. J. Regnaud, M. D., Doctor of sciences, first class Apothecary and Fellow of the Faculty of Medicine of Paris, has been called to the professorship of pharmacy of the said Faculty, vacant by the death of Mr. Soubeiran, and which will henceforth assume the appellation of *Chair of pharmacology*.

A question, which has given rise to much controversy, is thus solved: was it expedient to suppress the chair of pharmacy or to modify the programme of the lectures? The maintenance of the chair was voted by the Faculty itself, but the constitution of the professorship had already raised serious objections, the value of which was examined by a commission, presided over by Mr. Dumas, whose report served as a basis for the decree. The commission was induced by the following considerations to substitute the term *pharmacology* for that of *pharmacy* in the denomination of the chair to be reconstituted:

A series of lectures on pharmacy alone is perfectly in its place at the School of Pharmacy, where every one may attend it. But with regard to medical students in general,

there is more inconvenience than advantage in fixing their attention on the processes in use for the preparation of medicines. These procedures are always complicated with minute and infinite details, the precise knowledge of which is indispensable to the apothecary, but not to the medical practitioner. The commission proposed to study less in the course of the Faculty the preparation of medicines, which concerns rather the apothecary, than to inquire more closely into their reciprocal qualities and action, which, on the contrary, interest much the medical practitioner; for it is thus he acquires the art of prescribing.

The commission was unanimously of opinion that the tuition, appertaining to the new *chair of pharmacology*, should embrace *materia medica* and *pharmacy*, that is to say :

1. The special study of medicines, considered relatively to their natural history, their physical or chemical qualities, their pharmaceutic forms, finally the adulterations to which they are liable;

2. An outline of the general processes of the preparation of medicines ;

3. The art of prescribing ;

4. The history of natural and artificial waters ;

5. The history of pharmacy among the ancients and the principal nations of the present time.

The innovation proposed by the Commission in its last article has no need, according to Mr. Dumas, of any justification. If indeed, on the one hand, the study of the transformations, which pharmacy has undergone since Hippocrates, affords the professor an opportunity of expounding by what close bonds the resources and practices of the healing art always remain united to the progress of natural philosophy, it cannot either be useless to call the attention of students to the general characters which distinguish the pharmaceutic procedures in use in France from those which are preferred in England, America, Italy and other countries. In England doses are larger ; in Germany formulas are more complex ; in France prescriptions are more in accordance with the progress of chemistry, etc. Is it not desirable that these differences, these general characteristics should be known to students, and is it not



beneficial to the French practitioner to be enabled to read the prescriptions of foreign physicians and the formulas of foreign pharmacopœias, without being arrested in his progress by the special signs in use in other countries to express weights and measures?

It will not have escaped the reader's notice that, if the programme of the commission be converted into a regulation, of which little doubt can be entertained, *materia medica* and therapeutics, now associated in the same course, will naturally be severed. But this separation is without disadvantage; for therapeutics, being taught at the bed-side of the patient, the professor of therapeutics is always selected from the most eminent clinical physicians; and the study of *materia medica* is thus reduced in his hands to the history of the drugs in common use; nor has he too much time to teach this branch of the art, which requires at least two years, whereas pharmacy has never occupied an entire quarter. Thus therefore, by confining the tuition of therapeutics and extending that of pharmacy, good service would be rendered to both professorships, and students would receive homogeneous instruction on two distinct subjects, an incontestable advantage for their progress.

## ART. 5738.

*Cases of croup cured by the reiterated exhibition of large doses of tartar emetic.*

Cases of croup cured by large doses of tartar emetic, published some years ago, and others more recently related by various practitioners, have shown that the disease is sometimes amenable to medicinal agency. The accuracy of the diagnosis is established by the fact, mentioned in most instances, of the rejection of more or less extensive false membranes. We now lay before our readers the history of three new cases, which we deem it useful to place on record, in further support of those which have already been made known. (1) We may here

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(1) Vide Art. 5611.

remark that the method is not new, that it enjoys a very ancient repute, but has been somewhat forgotten; and in calling the attention of the profession to its merits, our sole object is to indicate the hourly mode of exhibition of the medicine in large doses, during several consecutive days, until a cure has been effected. In this disease, tartar emetic is used much as in acute pneumonia, and with rare exceptions produces neither weakness nor alarming prostration. Its effects are beneficial when vomiting only is induced, and are most uncertain when no emetic action follows its administration or when it causes copious intestinal evacuations.

The first case is that of a child, aged four, whom I saw on 2nd April last, Rue de la Cerisaie, in consultation with Dr. Girault. Croup was present, with anæsthesia and signs of general infection of the system.

The parents had recently suffered from an aggravated attack of diphtheritic angina, and the child had been ill about twelve days. Cauterization, emetics, chlorate of potash, insufflations of tannin had been resorted to, and the disease seemed to have yielded, when it relapsed in another form and with a high degree of intensity. From the pharynx it had spread to the air-passages; the child was very pale, but not in a state of cyanosis, the vital powers were sinking, respiration was difficult, cough stifled, and the voice extinct. Much redness existed in the fauces, and pseudo-membranous deposits had again formed upon the swollen tonsils. No violent fits of suffocation were present, but anæsthesia was complete. The learned practitioner, with whom I cooperated on this occasion, and who is the inventor of a highly ingenious canula for tracheotomy, seemed indisposed to perform this operation against which militated the weakness of the child, the moderately embarrassed state of the respiratory function, and likewise its extreme paleness, pointing to a confirmed state of diphtheritic infection. For my part, despite the presence of anæsthesia, one of the indications for the propriety of tracheotomy, I feared that the general condition of the patient might compromise the success of the operation, and add one more instance of failure to the list of fatal cases. We therefore agreed to adjourn our decision

on this point and to prescribe tartar emetic in large doses.

A mixture containing 6 gr. of the drug was therefore exhibited every hour in tea-spoonfuls. It produced motions, vomiting, and the ejection of false membranes, with immediate relief. Mr. Girault persevered in the use of the mixture, and one month afterwards informed me of the complete recovery of the child.

The second case is even more remarkable, from the size and number of the false membranes ejected under the influence of the emetic medication.

A little girl, aged five years and a half, was brought on the 3d of June, to Hospital Sainte Eugenie in the following condition : she had been ill two days, her cough was hoarse, and the voice all but extinct. The respiratory murmur was replaced by a loud laryngo-tracheal sibilus; the skin, which was not cyanosed, was insensible, and feverishness intense; the fauces were red and both tonsils were covered with false membranes. The prescription was a mixture containing 8 gr. of tartar emetic and half an ounce of syrup of poppies.

June 4th. The child had vomited copiously, but had no motions; she had rejected *a broad fragment of false membrane, from 3 to 4 inches in length, detached from the trachea, and smaller tubular divisions evidently coming from the bronchi.* The mixture was again prescribed with 6  $\frac{1}{2}$  gr. of tartar emetic. Beef-tea was allowed.

June 5th. The child was much relieved and had slept a little : she had continued to vomit, the bowels had not acted; the cough was still hoarse, but rather louder and the laryngo-tracheal sibilus had disappeared. The voice was weak, but more distinct, the countenance not cyanosed; anæsthesia was incomplete; sonorousness of the chest satisfactory, respiratory murmur feeble, no rhonchi, — no albumen in the urine. Skin moderately hot, pulse 120. — Gum-mixture with syrup of poppies, beef-tea. Towards 4 o'clock P. M. the breathing again became difficult, and in retching, the child threw up *a tubular shred of false membrane 2 inches in length and equal in diameter to the trachea.* Another emetic was exhibited at once and brought away *other smaller fragments of*



*some length, one of which was bifurcated.* The ensuing night quiet : in the morning the voice was louder, the cough looser, vesicular expansion, although weak, audible all over the chest, the pulse 112. The fauces were free from false membranes; the urine not albuminous, the bowels inactive, anæsthesia had decreased.

June 6th. The child continued to cough, but less frequently, and had expectorated *several pretty considerable pseudo-membranous fragments*, several of which were cylindrical and bifurcated. The voice still very weak, the respiratory murmur indistinct; the tongue foul and thick; little thirst and no appetite; one natural motion; skin moderately hot; pulse 112. — Gum-mixture with half an ounce of syrup of poppies and 8 gr. of tartar-emetic. Soups.

June 7th. The patient vomited several times, and passed one solid motion. While vomiting *she again ejected a fragment of false membrane, 5 lines in size*; voice still very weak, cough loose; sonorousness of the chest natural, vesicular murmur indistinct. Pulse 104. — Soup, mutton chop.

June 8th. Cough unfrequent and loose; voice a little stronger; vesicular murmur more distinct; tongue natural; the child took soups and meat. Pulse, 96.

June 15th. Decided improvement; the appetite is restored and exercise is taken; the voice however remains hoarse; — discharged.

This case distinctly illustrates the curative action of tartar emetic in croup, and the large amount of false membranes rejected shows that in this disease something more may be done than to await without interference the most favourable time for the operation. During three successive days, the child threw up enormous fragments of false membrane, and we may remark as a singular circumstance, that at twenty-four hours' interval she ejected two bifurcated strips, so long and so voluminous that their tracheal origin could form the object of no doubt; a fact which shows that, after a first expulsion, the pseudo-membranous secretion, which in twenty-four hours had again deposited, was readily expelled the next day.

Cases of this description, which their number precludes

in future from considering accidental, are of the highest importance for practitioners. In this instance 8 gr. of tartar emetic were easily borne, and induced neither diarrhœa nor any alarming degree of prostration. During the entire course of the treatment, on the contrary, the child, who was allowed a proper amount of nutriment, preserved a healthy countenance, and passed solid and even moulded evacuations.

Finally, another little girl, aged six years and a half, was admitted into the same ward on 28th August, affected with croup in the second stage, unattended with albuminuria or anæsthesia and, in this case again, tartar emetic rapidly relieved the symptoms of the disease.

..... On examination of the fauces, on the 29th, the tonsils were observed to be enlarged, very red, and an adhering pseudo-membranous patch was noticed on the pharynx. The skin was hot, the pulse very quick, the tongue foul, thirst intense, and diarrhœa was present. Tartar-emetic ( $7\frac{1}{2}$  gr.) and soups were prescribed.

Aug. 30th. The laryngeal sibilus observed on the eve had disappeared; but the cough was hoarse and the voice much altered. The child had vomited frequently, but without bringing up any false membranes. — Tartar emetic,  $7\frac{1}{2}$  gr., soups.

Aug. 31st. The patient vomited several times, but no false membranes were rejected: bowels but slightly relaxed; improvement was decidedly observable, the breathing was easier, the cough less frequent, the expectoration of a mucous nature. The voice was less extinct and more audible. Very little feverishness. — Tartar-emetic,  $7\frac{1}{2}$  gr., soups.

Sept. 1st. The same treatment was persevered in.

Sept. 2nd. Soups, half-diet.

Sept. 4th. The patient, who was but slightly hoarse, was discharged.

In this instance no false membranes were rejected, it is true, but the oppression almost deserving the name of orthopnœa, and the weakness of vesicular expansion sufficiently showed the participation of the larynx in the

sufferings of the air-passages, and its obstruction by morbid deposits, without any distinct state of asphyxia.

BOUCHUT, M. D.

Physician of the Hospital Sainte-Eugénie.

ART. 5739.

HOSPITAL OF LA CHARITÉ.

(Professor Velpeau's wards.)

*Of the course to be followed in the case of hydrocele, complicated by chronic enlargement of the testis.*

A patient affected with hydro-sarcocoele was recently treated by the method of iodized injections. The hydrocele was small, and was a complication of a solid tumefaction of the gland, of an obscure nature; by the denomination of *hydro-sarcocoele*, Mr. Velpeau did not intend to convey the idea of a malignant tumour, — the expression *sarcocoele* merely implying a fleshy growth, i. e. of the consistency of flesh, and no more. The tumour however was irregular, and the fluid, which escaped on tapping, presented a red color, and sanious aspect of unfavourable augury. Despite the signs, which in this case pointed to a cancerous affection, Mr. Velpeau unhesitatingly resorted to the iodine injection, as if the hydrocele had been uncomplicated, and he adduced the following reasons for this conduct.

Twenty-five years' experience has now distinctly established the efficacy of iodized injections for the treatment of hydrocele; the general adoption of this remedy has moreover brought forward a highly important fact, viz. that the iodine operates as a discutient upon a host of chronic enlargements, or tumours situated in the testis or epididymis. Hence a complete revolution has taken place in the treatment of hydrocele presenting the complication alluded to. In the case of hydro-sarcocoele, the expression being used here in its most comprehensive sense, it was formerly a rule to submit in the first place the tumour to



general treatment for four or six months, the hydrocele being regarded as a mere accessory circumstance, a secondary occurrence, a symptom induced by the disease of the testis; it was considered that injection in such a case would merely result in an increase of the glandular enlargement. This apprehension might perhaps be justifiable when wine and water injections were in use, but has ceased to have any foundation since iodine has been substituted for wine. Mr. Velpeau illustrated this statement by a case interesting with respect to the history of surgery and to the therapeutic result which was effected.

Mr. de G., formerly master of the hounds to King Charles the tenth, was suffering from hydrocele and chronic tumefaction of the epididymis. The tumour was of the size of the fist, and solid in two thirds of its extent. Mr. de G.'s usual medical attendant, Mr. K., surgeon of the hospital Saint-Antoine, imbued with the ideas we have described, was averse to any local attempt upon the tumour. For eight months, the patient had taken tincture of iodine internally, without any result, and wearied by a course of treatment so protracted and apparently so inefficacious, he applied to Mr. Velpeau. A consultation took place, and in spite of the evident reluctance and even the protest of Mr. K., the iodine injection was resolved upon, and was performed on the spot. It would be difficult to give an adequate idea of the anxiety of Mr. K. during the subsequent week, but it soon subsided, and after an interval of three weeks, a complete cure was effected. Since that period, Mr. K., struck with the felicitous results of the treatment, has entirely given up his previous opinions as to the best course to follow in similar cases.

Mr. Velpeau has since had many opportunities of ascertaining the value of the iodine injections in hydrocele complicated by hypertrophy, or tubercular disease of the testis. He has moreover noticed that, in cases of confirmed scirrhus or medullary cancer, adhesions have formed, after injection, between the tunica vaginalis and that portion of it named reflexa, without aggravation of the organic disease; and that in other instances, in which the diagnosis appeared unfortunately but too clear, the

injection had the unexpected effect of casting some doubt upon it, much to the advantage of the patient. In one instance, the irregularities and nodes of the tumefied testis and of the funis, the peculiar pain, and other equally unfavourable signs had led the surgical attendants to pronounce the case one of cancerous hydro-sarcocele. An iodized injection was made merely for the purpose of getting rid of the fluid portion of the swelling; but the solid parts also soon decreased in size, and under the influence of this local resolution, assisted by the exhibition of iodide of potassium internally, and by discutient applications to the scrotum, the tumour was entirely cured in a few months.

Therefore, in all cases of hydrocele, complicated by the presence of solid enlargement, it is proper for the surgeon to treat the hydrocele by the iodine injection before directing his attention to the solid tumour, 1. because the injection is innocuous, 2. because in many cases the iodine promotes the resolution of the concomitant disease in a more direct manner than the external use of discutient ointments; 3. because the injection in no wise interferes with the exhibition of internal remedies or of adjuvant local applications.

(1) The fluid which Mr. Velpeau uses for injection consists of one part of tincture of iodine to two parts of water, or equal proportions of either, according to the degree of irritability of the patient. The amount injected varies from one to three ounces. It is unnecessary however to distend the serous sac, if the scrotum be manipulated so as to secure contact between the solution and all the different parts of the cavity. The fluid, after a lapse of three or four minutes, is allowed to escape with the exception of a few drops, which are permitted to remain for the purpose of promoting resolution. Twenty-five years ago, M. Velpeau was in the habit of prescribing absolute rest for one week after the operation; but experience shows the inutility of this precaution, and once the iodine has been admitted into the tunica vaginalis, the modifying effects of the remedy proceed quite independently of all subsequent circumstances.

We should remark with regard to Mr. Velpeau's solution, that, when decanted and filtered, this preparation is of far more doubtful efficacy than the tincture recommended by Mr. Mialhe of which the following is the prescription :

Alcohol. Rectif. (34° sp. gr.). . . . .	5 oz.
Iodini puri . . . . .	1 $\frac{1}{2}$ dr.
Aq. destill. . . . .	10 oz.

Dissolve the iodine in the spirit, — add the water gradually and filter.

H. C.

## ART. 5740.

## HOSPITAL FOR INFANCY.

(Dr. Guersant's wards.)

*Congenital cysts of the neck.*

On the 17th of November Mr. Guersant exhibited in the lecturing room a little girl aged four, presenting on the right side of the neck, along the course of the sternomastoideus muscle, an oblong tumour of the size of a hen's egg, soft, fluctuating, without any change in the natural colour of the skin, and as transparent as simple hydrocele of the tunica vaginalis. From the account given by the parents, it appeared that, of late only, the tumour had acquired its present considerable magnitude, but that nevertheless its origin might be traced to the period of the birth of the child, and Mr. Guersant took this opportunity of offering some interesting remarks on congenital cysts of the neck, a subject which had, on the previous day, engaged the attention of the Société de Chirurgie.

It is an undoubted fact, observed the professor, that in the fœtus, at the age of three, four and five months, small tumours, some of which are genuine cysts, are found to exist in various parts of the body and chiefly in the cervical region. It is not improbable that these growths are the nuclei of the serous cysts denominated hydrocele, or cellular cystic hygroma of the neck, discovered after birth: but whether these tumours have originated during intra-uterine life, or subsequently to that period, they are nevertheless deserving of the attention of the practitioner. The cysts of the neck, described by various English and French authors, especially by Mr. Hawkins, Mr. Lorrain, Mr. Jules Roux, among other remarkable features, are lined with a serous sac, analogous in consistency to the tunica vaginalis, and are filled by a liquid. The cavity may be single or multipartite; Drs. Guersant and Arnott have met with some shaped like a cluster, each division forming a distinct cyst. When the sac is unique, the fluid contained in its interior is usually of a serous nature; but when it is multi-



locular the contents may be turbid or sanguinolent. In January last, Mr. Guersant admitted into his wards a little boy who presented a double-celled cyst: one of the cells was filled by a colourless fluid, and sanguineous matter escaped from the other on puncture. These tumours are occasionally the result of foetal inclusion and contain teeth, hair, or embryonic remains.

It is unnecessary to record here the various opinions entertained on the very obscure origin of such growths; we may say that they usually occupy the cellular tissue, that they are movable, colourless, and fluctuating, unless from extreme tension, fluctuation be inappreciable, as it is found to be in any tumour much distended by a fluid. In the child, whose history suggests the present remarks, the transparency was ascertained precisely as in the case of hydrocele of the tunica vaginalis, and removed all doubt from the diagnosis; but when congenital cysts are numerous and small, they closely resemble, as Mr. Hawkins has pointed out, enlarged glandular swellings, and the presence of the included liquid is difficult to ascertain. In addition, if we form our opinion from what occurs in new-born infants, their increase is rapid, and they may acquire considerable magnitude. Mr. Robert has observed in an infant a cervical cyst equal in size to the closed hand of an adult, and Mr. Giraldès recently showed at the *Société de Chirurgie* a little girl, sixteen days old, bearing a tumour of this description, which reached from the lobulus of the ear to the symphysis of the lower jaw and to the incisura semi-lunaris of the sternum. Growths of this size, of course, press more or less upon the neighbouring blood-vessels, nerves and organs, and Mr. Broca has recorded the case of a child, aged three weeks, in which one of these voluminous cysts displaced by its pressure and flattened the trachea to so great an extent as to threaten to cause death from asphyxia. If we further reflect that these growths are liable to inflammation, we shall readily understand the various attempts made for their destruction: it must however be acknowledged that the attainment of that object is sometimes a matter of some difficulty.

The attempts at complete excision have hitherto been so unsuccessful that the method seems on the eve of being

abandoned. Mr. Nélaton once resorted to this plan, and the patient died. In Mr. Broca's case, the operator had great difficulty in detaching the cyst, which extended into the thorax behind the clavicle, and although by extreme dexterity he reached the carotidian blood-vessels, and the reflexed pleura, without hemorrhage or any other untoward occurrence, he nevertheless somewhat later had the misfortune to lose his patient in consequence of the exhaustion caused by abundant suppuration.

The treatment of the disease must not, of course, be the same in all cases. If, for instance, the cyst has but a single cavity, there is no reason why it should not be treated like simple hydrocele by puncture and injection. If the cavity is divided into compartments, why not have recourse to the filiform setons used with so much success by Mr. Guersant for the cure of glandular abscess, which is so frequent in infancy? The former procedure was adopted by this eminent surgeon for the little girl, at present in his wards. A puncture was performed, two or three spoonfuls of straw-coloured serum escaped, and an injection was made of equal parts of tincture of iodine and distilled water, in sufficient quantity to distend the cyst to its former size: after having remained two minutes in the sac, the injected fluid was forced out by pressure, with the exception of a few drops, and the wound was covered with a round of adhesive plaster. The subsequent course of the disease was identical with that of vaginal hydrocele after operation, a slight swelling, followed by resolution, took place, and legitimate hopes may be entertained that no relapse will occur.

In this instance, it was originally Mr. Guersant's intention to use proof spirit (36 sp. gr.) instead of the tincture of iodine, which for the last two years he has replaced by the former liquid for injection into the tunica vaginalis; but tincture of iodine having proved successful for the cure of cervical cysts, in the practice of Drs. Jules Roux, Boinet, and in his own, Mr. Guersant gave it the preference. We should not omit to mention that in the case of multi-locular cysts Mr. Morel-Lavallée has proposed the use of a canula with many lateral apertures, an instrument which would afford the twofold advantage of permitting the con-

tents of the isolated cells to escape freely, and of injecting simultaneously alcohol or tincture of iodine into each of the agglomerated cysts.

## ART. 5741.

## MEDICAL CORRESPONDENCE.

## INJECTION OF CHLOROFORM INTO THE UTERINE CAVITY FOR THE CURE OF HYSTERICAL FITS.

It may not be useless to describe, in your Journal, a remedial method which I have found wonderfully successful for the purpose of suddenly checking the most violent hysterical fits.

One of my patients, a young and vigorous woman, was subject, while in apparently rude health, to fainting-fits attended with cataleptic rigidity of the limbs, a condition which persisted with unconsciousness for two or three hours. On awaking from the swoon, she uttered piercing screams, pressed her hands to her throat and abdomen, and rolled about, springing with the utmost violence. She complained of excruciating pain in the uterine region, such as would be produced by the lacerating bite of some animal, which in her delirium she begged might be torn from her. Finally, after a protracted and painful struggle, the external organs of generation became moistened by mucous matter in some abundance, and the conclusion of the fit was ushered in by certain well marked and characteristic motions of the pelvis.

During two years, I vainly exhausted the long list of antispasmodic medicines for this patient who, in the interval of the fits, was in the enjoyment of perfect health. Having utterly failed with this class of medicines, I resolved upon the injection of laudanum into the uterine cavity, and had the gratification of finding that this remedy instantaneously checked the horrible sufferings of the patient and threw her into profound sleep. Somewhat later, the same result again was brought about by the injection of laudanum, and I was congratulating myself upon having effected a complete cure, when on the morrow, the fit having recurred, the laudanum injection proved inefficacious. The following night was passed in dreadful agony, and excessive pain was endured by the patient, up to 2 o'clock A. M., when I retired dispirited and disheartened. As the pain returned in the morning with all its former violence, I substituted chloroform for laudanum, and this attempt met with even more rapid and more marvellous success than the first sedative injection. Since that period, I have repeated the experiment five or six times, and *always* with entire success. I perform the injection as follows :

Having with the forefinger ascertained the precise position of the os uteri, I guide a male catheter along this finger, which serves as a con-



ductor, and when the tube has penetrated beyond the lateral apertures of its extremity, I place in my mouth about a tea-spoonful of chloroform, which I propel into the catheter, continuing the effort until no resistance is felt; I thus acquire the certainty that a sufficient amount of the anæsthetic has penetrated into the uterine cavity, and the instrument being gently withdrawn, the operation is completed.

PAUL LUBIN, M. D.

Avesnes (Nord).

## SCIENTIFIC MISCELLANEA.

ART. 5742. HEMATIC CYST OF THE RIGHT SIDE OF THE NECK, CURED BY CAUTERIZATION. — Cysts situated in the neck, in front of the vertebral column, may occupy the thyroid gland, the cellular tissue, or be developed within the lymphatic glands. Despite the important researches, which have been published on this subject, the diagnosis of these tumours is not unfrequently very obscure, and it is most difficult to ascertain in every instance their precise anatomical seat, and the tissue in which they have originated.

When these growths have acquired a certain degree of magnitude, or when several exist simultaneously, deglutition is more or less interfered with, the head is forcibly bent forward or laterally, and a state of habitual congestion is the result. But their most distressing symptom, which chiefly induces the patient to have recourse to surgical assistance, is the amount of difficulty they cause in the accomplishment of the respiratory function. This was the case in a patient, whom Dr. A. Amussat requested us to examine, and whose history we will summarily record :

Mrs. C..., aged forty-one, a person of nervous and lymphatic temperament, usually in the enjoyment of good health, had given birth to seven children, and had one miscarriage. After her second labour, in 1838, she noticed, opposite the right lobe of the thyroid gland, a tumour of the size of a pea, which did not increase in a perceptible manner after her three ensuing confinements. At the close of the year 1846, her sixth child was born, and as, on this occasion, the labour-pains were very intense, she made violent efforts and uttered loud screams, and from this time forward the enlargement rapidly augmented in bulk. In June 1852, Mrs. C..., experiencing inconvenience in the movements of the neck, suffocation during exercise and in ascending the stairs, and moreover frequent attacks of giddiness whenever she bent her head, especially during menstruation, consulted Mr. Amussat, Jr., who requested several fellow-practitioners to examine the patient.

The cyst, of an ovoid shape, had at this period acquired the size of a large lemon, protruded considerably, and extended in an oblique direction under the sterno-mastoideus muscle, from the right sterno-clavicular articulation to the angle of the corresponding maxilla, and compelled the patient to keep her head bent upon the right shoulder. An exploring trocar was inserted and gave issue to a thin chocolate-coloured fluid.

The nature of the tumour did not form the object of any doubt, but it was impossible to discover in what precise tissue the growth had originated.

Up to the close of the month of September, electricity and discutient applications were resorted to without success, and Mr. Amussat then determined upon trying the effects of cauterization. On 29th September, a few days after the cessation of the menses, he performed upon the lower and middle parts of the enlargement, at about an inch from the clavicle, a linear cauterization one inch in extent, sufficiently deep to reach the cyst. This operation was accomplished with Filhos' solid caustic, and water dressings were uninterruptedly applied to the eschar.

On the 6th October, the surgeon punctured the centre of the slough with a common lancet, and a certain amount of brown, thick fluid escaped with a small quantity of blood; the tumour, in consequence, decreased much in volume. The lips of the aperture were touched with Filhos' caustic, and a small linen tent was inserted into the cavity.

On the 10th, fearing the development of diffused inflammation around the tumour, Mr. Amussat introduced into the cyst a small wooden rod, steeped in monohydrous nitric acid, with which he cauterized the parietes of the sac. — A tent of fine linen was inserted, an injection performed night and morning, and the water dressing persevered in. On the 12th a probe was introduced and the bottom of the sac was met at about 2 inches from the orifice. The internal cauterization was repeated on the 14th and the 20th. Fearing that the interior of the cyst had not been sufficiently cauterized by the nitric acid, Mr. Amussat inserted a silver catheter open at the end and charged with powdered Filhos' caustic, which he insufflated into the sac.

From this time forward, the treatment consisted merely in the insertion of tents, and the same dressing was continued. On 6th November the tents were left off, and the external granulations were touched with lunar caustic, an operation which was again resorted to on the 7th and the 14th. On the 20th, the outer wound was entirely healed and the tumour had disappeared.

We have recently seen the patient, and the only remaining traces of the growth consist in the scar of the orifice and a small hard nodus situated on the side of the trachea.

ART. 5743. METALLIC FOREIGN BODIES DETECTED WITH A MAGNETIC NEEDLE. — The magnet has more than once been used by oculists for the purpose of extracting from the eye particles of iron in contact with the conjunctiva or cornea; but we are not aware that this method has ever been adopted to ascertain the presence of metallic substances deeply imbedded in our structures. Dr. Anselmier has recently forwarded an interesting communication on this subject to the Academy of Medicine, and describes with what benefit he several times used the magnetic needle, in the case of foreign substances, such as fragments of iron, steel or cast iron, chips of shells, pieces of sewing-needles, etc., as a means of establishing the diagnosis *à priori*, i. e. in circumstances which allow the

patients feelings to be spared and the nature of the injury to be much simplified.

“ With this object in view, ” says the author in a notice inserted in the *Gazette des Hôpitaux*, “ we suspend to some fixed point, by a thread (not twisted), a simple bar-magnet from 5 to 7 inches in length, and when this staff has become motionless, the part, in which the presence of one of the foreign substances alluded to above is suspected, is brought near it, the deviation or immobility of the needle, establishing a positive diagnosis. This mode of investigation permitted us to ascertain the exact situation in the left fore-arm of a soldier, wounded in the Crimea of a fragment of shell, which had penetrated into the limb, and for ten months had caused œdema of the entire extremity. The patient, who had previously resorted in vain to various methods of treatment, was cured in four days after the removal of the foreign body. Twice, we discovered by this means pieces of sewing-needles which had broken in the hand, after having deeply penetrated into the flesh. They were extracted, and the usually serious consequences of similar accidents were averted. We may also mention the case of an upholsterer, who was under the impression that some small nails, which he had imprudently placed in his mouth, had remained in his throat; in this instance we ascertained their presence in the stomach, and it became obvious that the discomfort and pain, which he complained of in the throat, were referrible to some abrasions of the mucous lining of the pharynx. Two small nails were found in the feces five days after the occurrence of the accident. We must here again point out the utility of a method of diagnosis, which assisted us in the selection of the treatment, and which spared the patient the distressing manipulations necessary for the introduction of the œsophagian tube.”

If we reflect on the numerous incisions often necessary to reach the foreign body, we cannot but regard the previous use of the magnetic staff as a really valuable adjuvant of diagnosis.

ART. 5744. DISLOCATIONS; ITCH; CHLOROFORM EXTERNALLY. — Notwithstanding the wide difference between them, dislocations and the itch may be spoken of together in relation to the external applications of chloroform.

Dr. Orliac, Vice-president of the Medical Society of Agen, informs us in the *Moniteur des Sciences médicales*, that he has reduced with the utmost ease two recent dislocations of the humerus, after the application of cloths impregnated with chloroform to the shoulder and axilla. The first patient was a printer, aged 42, of sanguineous temperament and considerable muscular development. The accident had occurred one hour previously. The patient was seated in a chair, and a compress folded in three and sprinkled with chloroform was placed in the axilla; another handkerchief folded in a similar manner, and also impregnated with chloroform, was applied to the shoulder, with which it was kept in close contact by an assistant. After an interval of one minute, Mr. Orliac, standing at the left side of the patient, seized with his right hand the lower part of the arm and slipped his left fore-arm cross-wise under the



axilla; he then pressed the displaced arm inwards with his right hand, while with his left fore-arm he raised and drew forward the head of the humerus. Under the influence of local anæsthesia the luxation was reduced immediately and without pain; the quantity of chloroform used was  $3\frac{1}{2}$  oz.

The second patient was a woman aged 65, and here again the dislocation had occurred one hour before any attempt at reduction was made. Mr. Orliac in vain endeavoured to replace the bone without chloroform. He then applied around the injured shoulder, cloths sprinkled with 3 dr. of chloroform, and after an interval of two minutes, he reduced the luxation without assistants, without pain and with the utmost ease.

Mr. Orliac, foreseeing it may be objected that in the two cases related the facility of reduction was referrible to the recentness of the injury, considers that the second case fully meets the objection, and in conclusion states that this application of chloroform to the reduction of dislocations, in case its advantages are confirmed by further experience, is an important benefit conferred upon practical surgery.

We will now say a few words of anæsthetics in the treatment of the itch.

The *Schmidt's Jahrbücher* state that Professor Bock has derived so much advantage from aspersions of chloroform in some cases of itch, that he has considered it desirable to proceed with his experiments on the subject. Not only does chloroform kill the insect, but the consequent anæsthesia diminishes the irritability of the skin, thus preventing the consecutive eruptions by which the itch may be complicated. Chloroform, in these cases, should be spread over the skin with a painter's brush, and the sense of smarting induced by the application is as nothing when compared to the irritation caused by the acarus.

## PRESCRIPTIONS AND FORMULAS.

ART. 5745. PILLS FOR EPILEPSY AND CHOREA. — We have recently spoken of *selinum palustre*, and of some other remedies prescribed with benefit for epilepsy by Mr. Herpin, of Geneva. Dr. Faivre d'Esnans, one of our readers, and *Médecin des épidémies* at Baume-les-Dames, remarks in a letter suggested by the article referred to, that it would be unjust not to award a place among the anti-epileptic and anti-choreic remedies to the following preparation, the efficacy of which he has, in many circumstances, had an opportunity of testing.

R. Ferri sesquiferrocyanidi . . . .  $\frac{1}{2}$  dr.  
 Extr. Valerianæ . . . . . 45 gr.

M. divide in pilulas triginta.

One pill three times daily.

Mr. Faivre d'Esnans remarks that, like chorea, epilepsy often coexists with worms. In this case he exhibits with success the decoction of male

fern, before turning his attention to the neurosis; and even when he has begun the treatment of the latter, he causes the patient to drink a glassful of the above decoction after each pill, a method which promotes the action of the Prussian blue. This course of medicine usually causes the paroxysms to cease or to become milder after ten or twelve days, and a relapse seldom takes place if the medication be continued for three weeks. When the disease is not complicated by the presence of worms, Mr. Faivre d'Esnans, instead of the decoction of fern, prescribes the infusion of Valerian-root.

ART. 5746. THERAPEUTIC APPLICATIONS OF CLAY. — According to a short paper by Mr. Richard, of Soissons, inserted in the *Revue de thérapeutique médico-chirurgicale*, clay would be an excellent topical application for the sting of insects, such as bees, wasps, mosquitoes, etc. It is also remarkably successful in the case of wounds aggravated by inflammation of the skin, phlegmon, infiltration of the cellular tissue and irritation of the lymphatics. Clay rapidly dispels the swelling consequent upon serious sprains, in short it is an antiphlogistic and discutient applicable to all external phlegmasiæ.

This substance should be used in the shape of a poultice; it is spread upon linen in a layer of four lines in depth, and is applied to the diseased part protected by muslin, and should be renewed whenever it becomes dry or heated.

ART. 5747. GLYCERINE TOPICAL APPLICATIONS FOR CHILBLAINS, CHAPPED HANDS, ETC. — The return of the cold weather, which coincides with the reappearance of chilblains and of various superficial diseases of the skin and mucous membranes, imparts fresh interest to the following remarks which we extract from Mr. Demarquay's interesting memoir on glycerine.

Glycerine promptly checks the irritation caused by chilblains, and subsequently relieves the chaps they so frequently produce; but on account of the tenderness and liability to inflammation of the skin of the parts affected, the glycerine must be perfectly pure.

Generally glycerine is combined with other remedies for the local treatment of chaps or fissures of the lips, nipple, and hands. The following are two formulas recommended by Mr. Startin for these indispositions :

1. Tragacanthæ . . . . . 2 to 4 dr.
- Liquoris calcis . . . . . 4 oz.
- Glycerinæ purif. . . . . 1 oz.
- Aq. Rosæ . . . . . 12 oz.

For embrocations.

2. Sodæ biboratis . . . . .  $\frac{1}{2}$  to 1 dr.
- Glycerinæ . . . . .  $\frac{1}{2}$  oz.
- Aqua Rosæ . . . . . 4 oz.

For a lotion.

## ART. 5748.

## LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Professor Courty, of Montpellier, forwarded to the Academy an interesting case of asthma, cured by sub-cutaneous injections of sulphate of atropia, in the neighbourhood of the pneumo-gastric nerve :

A lady, aged fifty-four, after running rapidly, became affected, four years ago, with dyspnœa, which soon assumed the characters of asthma. Mr. Courty, who was, for the first time, eighteen months since, summoned to attend the patient, found her labouring under a violent paroxysm, which had already lasted several days; she spoke with much difficulty, and the oppression was now and then interrupted by distressing fits of coughing; she could neither eat nor sleep; the face and lips were purple, and the expectoration of mucous matter occasioned a relief of but a few moments. On auscultation, the heart was found free from organic disease, but slight emphysema was detected, chiefly at the summit of the lungs, and also a spasmodic contraction of the bronchi, trachea and larynx, which gave rise to a most intense sibilous rhonchus.

An emetic, an aperient, inunction on the neck with mercurial ointment and belladonna combined, antispasmodic pills containing musk, extract of valerian and extract of belladonna, in equal parts, at last gave marked relief after a fortnight, and the paroxysm finally ceased, the condition of the patient having much improved.

Some few months after, the disease nevertheless returned with so much violence that, after having unavailingly resorted during three weeks to the course of treatment, which had previously proved successful, and also to inhalations of datura, to the Espic cigarettes, etc., Mr. Courty determined upon calling in the assistance of his friend and colleague, Professor Bouisson, and the following medication was agreed upon between these two gentlemen :

Dupuy's pills (1), blisters applied in succession upon the different regions of the chest, and dressed with muriate of morphia; — to drink the sulphurous waters of Eaux-Bonnes.

Despite the persevering exhibition of these and other remedies, the paroxysm continued for several weeks, yielding at last gradually, and a fresh intermission of three or four months followed, during which the patient enjoyed comparative immunity from the disease.

On 28th August 1859, Mr. Courty was again summoned for a relapse in every respect similar to the most intense attacks already observed during the progress of the case, and he at once determined to test in this

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(1) A pill composed of equal parts of Pulv. Scillæ, digitalis, assa foetida, and Extr. trefol. aquat., and considered particularly efficacious in asthma.



instance, the remarkable influence of localized narcotism. We shall give the narration in Mr. Courty's own words:

"On the same day, August 28th," says the Professor, "at 3.30 P. M., I performed a first injection of 6 drops of a solution of sulphate of atropia at a strength of 1 per cent; equivalent to nearly  $\frac{1}{25}$  of a grain of the drug, inside the sterno-mastoideus muscle, on a line with the thyroid cartilage, along the course of the sheath of the cervical nerves and blood-vessels, i. e. along the course of the pneumo-gastric nerve. In order to avoid injuring the important organs of this region, the trocar was inserted at a depth of about 2 lines only. A few minutes after the operation, the patient complained of giddiness, dryness of the mouth and throat, great sensibility to sound and touch, the pulse became frequent and the pupils enlarged. The presence of these various signs of narcotism was ascertained at 5 P. M., and at the same time we noticed with much gratification that respiration was easier. Mustard poultices were then applied to the feet.

"On the 29th, some restlessness and even delirium were observed during the night, and a fit of coughing supervened at 2 o'clock A. M. Mrs. C. was however enabled to lie in her bed and to obtain frequent snatches of sleep; she had taken, by our orders, half a grain of extract of opium over night. At 11 A. M. the oppression had decreased, and head-ache had disappeared, some giddiness was occasionally complained of, and the paroxysms of coughing were less frequent, an injection of six drops was again resorted to, on the right side, in the same region as the first, but at a depth at least double: the trocar having perforated the skin, the canula alone was gradually inserted, so as to penetrate without risk to the more immediate neighbourhood of the pneumo-gastric nerve. At 11.30, the patient did not complain, but seemed drowsy and flushed. The symptoms of narcotism gradually increased, and the state of stupor, which set in at 11.30, still continued at 3 o'clock P. M.; she did not know the persons about her, uttered unconnected words, was however easily aroused to consciousness, and made very short answers to our questions; head-ache was present, the mouth was dry, a sense of burning was complained of in the pharynx and cesophagus, the pupils were dilated, the pulse small and frequent, breathing almost healthy: (sinapisms were applied to the feet and  $\frac{1}{2}$  grain of extract of opium was exhibited every half hour, until the symptoms yielded). At 9 P. M. the signs of the action of the poison were less marked; but one pill only having been taken, it was thought proper, in order to secure more rapid relief, to reapply mustard poultices to the legs and to give a fresh dose of opium.

"On the 30th the respiration, although altogether in a more satisfactory state, was not quite so free as on the previous day pending the effects of the atropia.

"31st. The night passed quietly, the tongue was foul, thick, yellowish, and a bitter taste was complained of; nausea was present, and a grain of tartar emetic was prescribed, to be repeated in case copious vomiting was not promptly induced. At 8 o'clock P. M., we were informed that greenish matter had been ejected, after one dose of the emetic; the patient felt

much exhausted. The breathing was however much freer, the expectoration was loose, and the paroxysms of coughing were unfrequent. The menses appeared at their usual time.

"On September 1st, the night was more restless; however no fits of coughing had occurred, the expectoration was loose, breathing easy, slightly sibilous. At 11 A. M. a third injection of seven drops was performed, above the spot punctured on the last occasion. The canula was inserted at a depth of 8 lines, and was moved about so as to disperse the fluid along a greater extent of the course of the nerve. 2 P. M. Since 11.30, the patient knows no one, the sense of hearing persists, and when any person speaks, she seems surprised at the sound. The pupil is moderately dilated, the head is hot, the pulse small and frequent; breathing is extremely easy; (prescription: sinapisms to the feet: Pills of  $\frac{1}{2}$  gr. extract of opium to be taken every half hour until the cessation of the symptoms of absorption). The patient recovered her consciousness at 4 P. M. after 2 opium pills; the headache had gradually yielded, some giddiness persisted at 7 P. M., together with a little dryness of the mouth; no fits of coughing since morning: respiration very easy.

"From this time forward, i. e. four days only after the first injection, the attack of asthma ceased altogether and the patient might be considered as entirely cured.

"October 1st. Mrs. C. was quite restored. Her breathing was perfectly free, her digestive functions regular, she was able to take exercise, and had resumed without inconvenience her household duties. On November 1st no relapse had taken place, and despite the fears we had expressed, the patient considered herself as for ever cured of her asthma and in full possession of her former excellent health."

This case illustrates the antagonistic properties of belladonna and opium, already pointed out by Mr. Béhier; this antagonism, in the above case, allowed Mr. Courty to increase and to prolong the action of atropia, by giving him the means of neutralizing with opium its poisonous properties.

—Professor Jules Cloquet brought before the Academy a rather uncommon pathological circumstance, of which some few instances are however on record: it referred to a calculus extracted from the urethra of a child aged five months only, by Mr. Burdel, head-surgeon of the Vierzon hospital.

The foreign body had originally formed in the bladder, and being too large to be expelled, formed an obstruction in the lower part of the urethra. There, it gradually increased in size, distending at the same time the region of the duct in which it was engaged. The parents had observed, some short time after birth, that the child passed water very seldom, that during excretion he screamed much, was most difficult to pacify, and that occasionally as many as thirty or forty hours elapsed without his being wet; the bladder had consequently become enormously enlarged, and ascended higher than the navel; the urine was distinctly acid. When the infant was brought to Dr. Burdel, the renal secretion escaped in drops

only, and the distended bladder rose above the pubes in the shape of a large tumour. The calculus, which was distinctly felt with the finger, and formed a node along the course of the duct, was extracted by Mr. Burdel after one incision. The wound was then closed with a *serre-fine*, and was completely healed on the fourth day after the operation.

Mr. Cloquet examined the concretion; it weighed 8 gr., was mulberry-shaped, and Mr. Frémy found it to consist almost entirely of oxalate of lime.

ACADEMY OF MEDICINE. — Mr. Piorry read a long paper on the curableness and treatment of pulmonary consumption and tuberculosis. The remedy which Mr. Piorry prefers and chiefly resorts to for pulmonary consumption, before softening of the tubercular matter has set in, or when such softening is neither extensive nor far advanced, is the phosphate of lime, a medicine which increases the tendency of the morbid deposit to become cretaceous and consequently innocuous. When excavations have formed, the most pressing indication to be attended to consists in preventing the putridity and decomposition of the sputa within the tubercular recesses, and to obviate the absorption of the accumulated puriform secretion. To effect this purpose, the inspiration of alcoholic or tincture of iodine vapours are the most powerful agents, and the inhalation may be proceeded with as follows:

A glass vessel of the capacity of about a quart, supported on an iron stand and containing from four to six ounces of tincture of iodine, is heated to ebullition either in a sand bath, or directly over a spirit lamp. The iodized alcoholic vapours escape through a paper cylinder, three inches in diameter, funnel-shaped in its upper part, and curved so as to permit the mouth of the patient to approach its superior orifice, at a distance sufficient to allow of the inhalation of that proportion of vapour only, which he can bear without inconvenience. In order to facilitate the operation, the cylinder should be sufficiently wide to admit of the outer air ascending between the paper and the heated neck of the flask, and thus becoming mixed with the iodine vapours. Thus diluted, the vaporized tincture of iodine penetrates into the pulmonary excavations, but should cause no distressing cough. The inspirations must therefore be slow and deep, and the inhalations may usually be repeated five or six times daily. This method is a partial substitute for the iodized injections, which are found so beneficial in sub-cutaneous sinuses, cold abscess, etc.

Mr. Piorry's experiments, which have been conducted on an extensive scale, have demonstrated:

1. that the inhalation of tincture of iodine is easily borne by the patients, who prefer them to the vapours of pure iodine;
2. that they decrease the quantity of the sputa, occasionally divest them of their offensive odour, or render them less purulent;
3. that the cavernous rhonchi not unfrequently become less humid and less loud, and that the hectic feverishness and nocturnal perspirations are checked. Mr. Piorry might even adduce instances in which small cavities have apparently been cured.



How useful soever this method may be, it is inapplicable in cases of hemoptysis; but with this exception, Mr. Piorry has never observed after the inhalations any of the symptoms usually referred to the action of iodine. It is moreover requisite to take every precaution against the possible bursting of the flask heated over the spirit lamp.

— The Academy listened with much interest to a communication of Mr. Gosselin, who read a paper, entitled : *Clinical researches on the treatment of incarcerated hernia, by taxis, and especially by protracted and forcible taxis.*

Of eighty-five cases of strangulated hernia occurring in Mr. Gosselin's practice, 35 have been treated by the taxis, and more frequently by forcible efforts at reduction, protracted from 20 to 60 minutes. 19 were instances of inguinal, 13 of crural, and 3 of umbilical hernia.

The results were as follows : In inguinal hernia, 17 cases were cured promptly and without any accidents; on 2 occasions reduction was found to be impossible, and the operation was subsequently performed; 5 cases of crural hernia were cured, 4 were irreducible and were operated on with a successful issue. In one instance the intestine could not be returned into the abdomen, and the patient died, having obstinately refused to submit to the operation; in another case death ensued after the reduction of an intestine, which was found to be perforated, although the strangulation had lasted eleven hours only. On post mortem examination it was found that the strangulated part was an incomplete convolution, the mesentery forming no portion of the protrusion, and in relation to this subject, Mr. Gosselin called attention to three important points: 1. the greater rapidity of mortification and perforation of these incomplete convolutions when in a state of strangulation; 2. the greater frequency of the descent of the above incomplete intestinal coil in crural hernia, in which he has met with four instances, than in inguinal hernia, where he never has observed it; 3. the difficulty of establishing with any degree of certainty the diagnosis of this variety of hernia, when, in consequence of the presence of serous effusion, the tumour has acquired a certain size; this absence of characteristic signs is much to be regretted, for if it were in the surgeon's power to ascertain the presence in a hernial sac of an incomplete convolution, he would be induced to shorten the period of taxis, and to operate more promptly. As to the three cases of umbilical hernia, they were all three cured without the occurrence of any untoward accident.

In most of his patients the strangulation was of recent date, varying from twelve to seventy hours in inguinal, from twelve to thirty-six hours in crural hernia. Mr. Gosselin is of opinion that in the latter the attempts at reduction should not be continued so long as in the former, experience having shown that crural hernia is more liable to rapid mortification, particularly when an incomplete intestinal curve has protruded.

After enumerating the results he had obtained from taxis, Mr. Gosselin described his mode of procedure. He resorts to none of the preliminary steps recommended by authors in general, such as baths, leeches, tobacco-

enemas, etc., from the conviction that these remedies, without much increasing the efficacy of the taxis, are open to the objection of causing the loss of valuable time. All his patients inhaled chloroform. The professor considers anæsthetic sleep as most useful, because it allows of the application of a greater amount of force, and prevents the sufferings and screams of the patient from interfering with the efforts at reduction.

Gentle and moderate pressure was always used at first, and when after five or six minutes the intestine was not replaced, the amount of power was increased by the application of both hands to the tumour, the surgeon bending at the same time over the patient, so as to add to the force employed the momentum of his own body; and he was often obliged to cause a vigorous assistant to superadd his hands, so as to press with four hands upon the tumour, as the late Mr. Amussat has recommended. Mr. Gosselin persisted in these manipulations for twenty, thirty, forty, and even fifty minutes, and desisted after reduction of the hernia only, or when, after that space of time, the resistance to his efforts still appeared unconquerable by this method.

The learned author then called attention to a phenomenon by which he was much struck in several of his cases, viz. the appearance of reduction. The hernia in these patients had so far decreased in size, as to suggest the idea that the intestine at least had been restored to the abdomen, and that the omentum alone remained within the sac. He also mentioned apparent non-reduction, by which the most practised surgeons may often be misled.

Finally, comparing his cases with those published by Mr. Malgaigne as instances of inflammation of the sac without strangulation, Mr. Gosselin asserted that he had not to do with mere epiplocele, nor with those voluminous varieties of inguinal or umbilical hernia which seldom require active surgical interference, but with genuine cases of intestinal or omento-intestinal hernia, unquestionably strangulated, and in which the constriction, whether or not resulting from inflammation, was the principal symptom to be contended with.

The author closed his paper with the following conclusions :

“ From the foregoing remarks, it is obvious that efforts at forcible reduction are less perilous and more useful than many surgeons have hitherto supposed, and that this method may fearlessly be attempted during the first seventy hours of strangulation in crural and umbilical hernia. I may add that, in my opinion, the treatment of incarcerated hernia should be entirely surgical, and consist in the immediate application of taxis, when practicable, or in the performance of the operation when attempts at reduction are prohibited by prudence. Delay is allowable only when the case not being perfectly clear, it becomes necessary to exhibit an aperient in order to enlighten the diagnosis.

“ As to the other remedial agents recommended before resorting to the operation, such as baths, leeches, tobacco-enemas, belladonna, coffee, local applications of ice, etc., I have recourse to them only in the still too frequent case of the patient refusing to submit to taxis or to the knife.

When I am left at liberty to decide, I absolutely reject these palliatives; and the objection that they have sometimes proved successful may be met by the reply that taxis properly instituted would have had an equally favourable result, and that, moreover, efforts at reduction would be efficacious in many instances in which these remedies are utterly unavailing."

— Mr. Briquet read a memoir on the use of Faraday's electricity in chorea. In this disease, the action of this therapeutic agent differs widely, according as it is applied to the skin or transmitted through the muscles.

Faradization of the muscles checks their irregular contractions, during the whole time of the passage of the current: but when this is intermitted, chorea reappears with the same violence as before the operation, and no trace whatever remains of the electric action. Muscular faradization is therefore inefficacious for the cure of chorea; but it may be advantageously resorted to, to contend with asphyxia, one of the most dangerous symptoms of the disease. To effect this purpose, the current must alternately be transmitted through the inspirator and the expirator muscles. Faradization of the skin, on the contrary, is applicable to all cases of chorea, and occasions a very rapid and marked diminution of the movements and frequently effects a prompt cure of the malady.

Mr. Briquet applies Faraday's electricity to the skin every day or every other day, during five or six minutes, along the entire length of the affected limbs, and chiefly upon the parts most convulsed.

In eight choreic girls so treated, the complete cessation of the irregular muscular action was obtained once in eight, in a second in twenty-one days, and in the others in twenty-four, twenty-eight, thirty-three, thirty-six, and forty-seven days. One patient left the hospital after a fortnight imperfectly cured. In the majority of the cases, the usual methods of treatment had been unavailingly resorted to for a space of from six to eight and twelve weeks; the faradization of the skin may therefore be asserted evidently to hasten the cure of chorea.

## ART. 5749.

### BIBLIOGRAPHY.

*Traité de l'art de formuler, suivi d'un formulaire magistral, etc.* (Treatise on the art of Prescribing, followed by a magistral formulary, etc.) by Drs. Trousseau and Réveil (1).

One of the characteristics of the little volume before us, which, in our estimation, constitutes its peculiar merit and its originality, is that it is

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(1) One vol. 18mo. Béchet Jr.



like none of the numerous compilations, dignified with the appellation of formulary. The learned clinical professor, the consummate therapist, whose name alone secures success to the work, has sought chiefly to promulgate the formulas he most usually employs and the efficacy of which has been established by his own experience. Mr. Trousseau carefully states the doses according to the age of patients and points out with much detail the mode of exhibition, so that each series of formulas summarizes a complete course of treatment and that peculiar medication which the author generally prefers.

The formulary proceeds from the notion of the drug to its therapeutic uses, and another chapter of the book follows an inverse order, and supposing the disease known, indicates the medicinal formulas most appropriate for its relief. This chapter is entitled : *therapeutic memorial*. Thus the practitioner, if embarrassed, seeks in the *memorial*, arranged in alphabetical order, for any particular disease, on which he requires information, and in apposition with the name of the latter, he finds a synoptical table of the various appropriate medicines and the indication of the page, where the required formulas are to be found.

When a clinical observer, such as Mr. Trousseau, takes as a coadjutor a chemist and toxicologist so eminent as Mr. Réveil, it may be expected that the common work will reflect the qualities of each of the authors and that the part pertaining to the chemist will not be less carefully performed than that of the therapist. The reader is struck with this at the very outset in the *Treatise on the art of Prescribing*. The work contains valuable observations on medicines, on their preparation, the influence exercised by the various pharmaceutic forms, on elimination, incompatibilities, etc. In the interest of students, of practitioners, of those especially who do not practise in large cities, a manual of toxicology was necessary. Drs. Trousseau and Réveil have, on this part of their subject, been very concise, but yet complete enough to enable any medical man with common care to arrive at positive results in a medico-legal investigation, and to institute a treatment appropriate to the morbid symptoms or disturbances resulting from each kind of poisoning.

Finally, in order that the new edition of the *Art of Prescribing* might attain the present level of our curative resources, hydrology, which now plays so important a part in medical prescriptions, had to be introduced and has obtained the most serious attention of the authors. This part of their book is treated with great precision. After having described the characteristic properties of sulphureous, chlorated, carbonated, sulphated, and ferruginous waters, they conclude the history of each of these great classes by a synoptical table, displaying the name of the spas, that of the most important springs, the temperature of the waters, their geographical situation, and observations intended to make known the diseases in which one mineral water is preferable to another, etc. It will be perceived that it was difficult to condense in a small volume more therapeutic and pharmaceutic lore than is supplied in this second edition of the *Art of Prescribing*.

## ART. 5750.

## MISCELLANEA.

The following extract is borrowed from the *Bulletin de Médecine et de Pharmacie militaire* :

The exchanges contained in the present Number are in great part relative to the designations recently made for the expedition to China. The campaign, in which the medical officers whose names follow are about to take part with the army, is not devoid of attraction for those who are allured by the marvellous, or actuated by the spirit of enterprise. But something more than the gratification of a love of novelty will recompense those who are called on to join in the expedition; they will also be rewarded by certain promotion and pecuniary advantages.

“ Thus, the allowance for entering on a campaign is, it is said, granted indiscriminately to all officers, whether they set out from France, Algeria or Italy, and it is moreover increased by one third. During the whole expedition, the additional pay allowed in Paris will be also given to all officers. These are pecuniary interests not to be disdained; but inducements of a higher order, and more important, affecting their future military career, are also held out to the troops. On their return those proposed for promotion will receive it immediately; and in addition the commander of the expedition is invested with the right to appoint to all vacancies, on the presentation of the heads of departments. The necessary consequence is that an assistant surgeon, for instance, may be appointed second class surgeon at the beginning of the campaign, which will not preclude his being presented for the rank of full surgeon and being promoted to it on his return to France.”

The *Moniteur de l'Armée* confirms the accuracy of the preceding information and publishes the list of officers composing the Medical Staff of the expeditionary corps of China. The head of this department is Mr. Durand (de Lunel).

— The *Richmond Despatch* publishes the following statistics of lunatics among the negroes of the United States: Louisiana, 1 out of 2477; South Carolina 1 in 2999; Massachusetts, 1 in 43; Maine 1 of 14; “a peremptory proof,” adds the journal we quote, “that the intelligence of an African is ill adapted to liberty.”

— The price of butchers' meat is continually rising in all the countries of Europe, and the consumption of the best of food is not in proportion to the wants of the populations. Dr. Steinroth, a German economist, proposes to require from the ox, sheep and pig, a supply of blood for public alimentation as we take milk from the cow and ewe. Blood contains all the ingredients which render meat preeminently nutritious. Doubtless,

oxen could not be bled as often as cows are milked, but bleeding might, according to the German physician, be performed every week and for several years on an animal properly kept without injury to its health. This operation would not prevent the owner from obtaining the usual profit from the flesh of the animal at the time appointed for slaughter. The interest would thus have been received without touching the capital.

— The Association of medical practitioners and apothecaries of the Department of La Somme adopted the following declaration at its last general meeting :

“Whereas the price of all the necessities of life has long been augmented, while the fees of medical practitioners have remained the same :

“Considering, on the other hand, that in fixing the amount of remuneration the number of visits paid by the medical attendant is not a sufficient element ; that the severity of the case, the importance of operations, the dangers incurred by the practitioner and other circumstances, such as the social position and fortune of the patients, etc., should be taken into consideration ;

“1. Medical men shall in future be entitled to a higher remuneration ;

“2. This remuneration shall not be established according to the number of visits paid, but with due attention to the above mentioned circumstances.”

— The public meeting of the Faculty of Medicine took place this year, with the customary ceremonial, under the presidency of Mr. Paul Dubois, the Dean, attended by his two assessors, Messrs. Grisolle and Gavarret. Mr. Wurtz, Professor of Medical Chemistry, pronounced a panegyric on Soubeiran. Better than any other, Mr. Wurtz was enabled to appreciate the services rendered to science, to tuition and to administration by his learned colleague, and if we may trust to our impressions and the unanimous applause which several times interrupted this oration, it was difficult to discharge more felicitously this delicate mission.

Descended from a family originally from Les Cévennes and dispersed at the revocation of the edict of Nantes, Eugène Soubeiran was born in Paris on the 27th May 1797. His first steps in life were not happy. Reverses of fortune, weak health, suspended education, no trial was spared his youth. If, as has been said, adversity is a school, Soubeiran's education was complete. Ruined by the bad faith of some of his employers, his father, an esteemed stock-broker, retired to Houilles, a little village near Paris, where he established a spinning-mill and bleach-works, of which Soubeiran became foreman. At Houilles, the future professor of Pharmacy at the Faculty of Paris imbibed his first notions of chemistry. The textile fabrics were bleached by the methods discovered by Berthollet, i. e. by those rapid and efficacious processes by which the fabrics are deprived of their natural tints to give them that pure ground, which throws out colours in all their vividness. Soubeiran endeavoured to understand the precepts of the great chemist and soon learned to prepare alkaline lixivia and the solution of chlorine, the principal agent of decoloration.



Fortune not having smiled on the enterprise, Soubeiran studied botany at Montpellier under Professor Pouzin. It was a happy time; he then, in 1815, entered as a pupil one of the best dispensaries in Paris. From this period we may date his greatest efforts and his first success. During three years spent in the hospitals and at the central dispensary, he carried away all the first prizes. At the end of this time, he was appointed chief apothecary of La Pitié, later assistant professor of the School of Pharmacy, and subsequently director of the central dispensary of the hospitals of Paris, etc.

Among the numerous labours, which marked the career of Soubeiran Mr. Wurtz noticed his publications on double tartrates and among others on tartar emetic; his investigations on arseniated hydrogen and especially his researches on mercurials. The frequent use of calomel made by English practitioners is well known; they prescribe it in a powder of a uniform tenuity and equally removed from the fineness of the precipitated proto-chloride and from the coarse and somewhat compact appearance of pulverized submuriate of mercury. For this product, known by the appellation of *calomel à la vapeur* (prepared by sublimation), we were tributaries to our neighbours. The secret of its preparation did not escape Soubeiran's sagacity. He showed that, if the calomel is sublimed into a spacious and cold receiver and becomes condensed in the midst of a mass of interposed air, it falls in a most impalpable and homogeneous powder.

One of the proudest claims of Soubeiran as a *savant* is the brilliant part that fell to his share in the discovery of chloroform, that valuable agent, which Professor Simpson of Edinburgh has advantageously substituted for ether in surgical operations. In his introduction to this interesting subject, the ingenious panegyrist alluded with no less humour than judgment to the legend of Henry of Bavaria, who was delivered from calculus during his sleep by Saint Benedict; but we cannot do better than quote Mr. Wurtz's own words:

"Towards the end of the tenth century," said he, "people used to undertake a pilgrimage to the school established at Salerno by the Benedictines of Mont-Cassin. Henry, Duke of Bavaria, repaired thither to undergo an operation for stone. The founder of the convent, Saint Benedict of Nursia, being desirous himself to cure a guest of such importance, appeared to the prince, performed the operation while the latter was asleep and placed the stone in Henry's hand.

"Gentlemen, it is a legend I am relating; but the miracle which it records is performed every day before our eyes. What discovery has more astonished the world and has been more beneficial to mankind than that of *anæsthesia*? To the glorious names, which it will one day recall to the remembrance of grateful prosperity, we must associate that of Soubeiran.

“It is he who discovered chloroform; but I deem it a duty to add that he shares this honour with Mr. Liebig. Permit me to trace the order and date of the investigations which have bestowed such a gift on science and on mankind.

“In the month of October 1831 les *Annales de Chimie et de Physique* published a paper by Mr. Soubeiran, entitled: *Researches on some combinations of chlorine*. After having contested Sir Humphrey Davy's assertions, relative to euechlorine or protoxyde of chlorine, the author enters on the question of oxy-chlorides, obtained by treating an oxyde, such as lime, by chlorine. He adopts the opinion, already expressed by Mr. Liebig, that oxy-chlorides are mixtures of chlorides and chlorites. This opinion has since, as you are aware, been rectified by Mr. Balard, who has demonstrated that the supposed chloride of lime is a mixture of the chloride and hypo-chlorite. On a great number of substances, chloride of lime exercises an energetic action. The idea occurred to Mr. Soubeiran to bring it into contact with alcohol and to distil the mixture: chloroform was the result. This process, slightly modified, is still in use, but is not the only mode of preparation of chloroform. Mr. Liebig has also obtained this substance, not only by the above, but by other reactions, nominally by treating chloral, the produce of the action of chlorine upon alcohol, by alkalis. It is curious that he should have consigned his observations on this subject in a letter addressed to Guy-Lussac and published precisely at the same period, in the month of October 1831, in the *Annales de Chimie et de Physique*. Thus, simultaneously pursuing, though unknown to each, the same studies, both observers arrived at the same results. A happy coincidence, which does not detract from the originality of the discovery, and gives it at the outset a consecration which others have to await many years. Yet Soubeiran and Liebig were both mistaken as to the nature of the new product. One considered it a compound of chlorine and bicarburetted hydrogen, the other a chloride of carbon; it was reserved for Mr. Dumas to discover, some years later, its true constitution, its fundamental reactions, and its name. For even its name is a discovery; it reminds us of the characteristic division into chloride and formiate, which chloroform undergoes under the influence of alkalis. Now we connect it, like many other bodies, its congeners, with that carburetted hydrogen gas, which is evolved in numerous bubbles when the mud of marshes is stirred. If chlorine be replaced by hydrogen, chloroform is transmuted into proto-carburetted hydrogen. The substance discovered by Soubeiran and Liebig may therefore be regarded as trichlorated marsh gas, agreeably to that admirable theory of substitutions, which has changed the aspect of science and which has bestowed lasting celebrity on the name of Mr. Dumas.”

For many years chloroform, now in universal use, figured in collections

as an object of curiosity and of purely scientific interest. "Is not this," said Mr. Wurtz, "the best proof that the curiosity of the learned leads the way for inventors? It is science that awakens, guides and fertilizes the genius of invention. The search of the true leads sooner or later to the discovery of the useful."

After having affectingly delineated Soubeiran's personal qualities, his filial tenderness, his amenity, his modesty, his simplicity, Mr. Wurtz concluded by a few words of hearty welcome addressed to Messrs. Longet and Regnault, recently appointed professors of physiology and pharmacology.

Mr. Gavarret then proclaimed the prizes of the *École pratique* in the following order :

Grand Prize (gold medal), Mr. Alfred Heurtaux.

1st Prize (silver medal), Mr. Edmund Simon.

2nd Prize (silver medal), Mr. Francis Sirdey.

Honourable mention, Mr. Paul Eugene Gibert.

Monthyon Prize (gold medal), Mr. Charles Felix Michel Peter.

The Faculty decided it would not this year award the Corvisart Prize.

— At a recent meeting of the Academy of Sciences, Mr. Velpeau communicated, in Mr. Broca's name, some interesting facts in connection with *hypnotism* and its applications to surgery. In our next number we shall revert to this singular phenomenon, discovered by Mr. James Braid, and hitherto imperfectly studied in France.

An eminent surgeon of the City of Bordeaux, Mr. Azam, has repeated Mr. Braid's experiments, and the results he obtained induced him to perform with Messrs. Broca and Follin a few operations during hypnotic anæsthesia. A woman, suffering from a large abscess on the margin of the anus, was narcotised by Mr. Braid's method, and a deep incision was made without the patient being conscious of the operation. The method is known to consist in causing the subject to fix his eyes during a few minutes upon some bright object placed within the ordinary visual distance, so as to necessitate squinting. Under these circumstances, the subject of the experiment falls asleep, and either a cataleptic condition or one of total muscular relaxation is induced, and generally the patient becomes insensible to the most intense irritation of the skin and mucous membranes. The hypnotic state may subsequently be readily dispelled by blowing upon the eye-lids or rubbing them with the fingers. We have witnessed these phenomena seven or eight times in women, and the physiological fact is therefore undoubted. By further experience alone it can be ascertained what benefit is to be derived by operative surgery from this new mode of procuring anæsthetic sleep.

— The School of Medicine of Bordeaux has lost one of its most eminent professors, and the South-West of France one of its most justly renowned surgeons, Dr. Chaumet, who, after having outlived the accidents of a dissection-wound and the sad trial of the loss of his son, fell a victim to apoplexy.



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